

STANDARD FORM 64  
 October 1960  
 PREPARED BY U. S. CIVIL SERVICE COM.  
 Federal Personnel Manual  
 66-102

**SECRET**

# Official Personnel Folder

**SECRET**

(M)

69 Fil Cuts

29 SEP 1968

40005 JAMES S  
 502-16-6500

02/20/78

6-1-1



SECRET

(When Filled In)

08 AUG 1978

| REQUEST FOR PERSONNEL ACTION  |                                |   |   | DATE PREPARED  |  |
|---|--------------------------------|---|---|--|--|
| 1. SERIAL NUMBER<br>01C032  |                                |   |   | 2. NAME (Last-First-Middle)<br>WOODS JAMES S   |  |
| 3. NATURE OF PERSONNEL ACTION<br>RETIREMENT - (VOLUNTARY) CIARDS  |                                |   |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>08 04 78                            |  |
| 5. FUND<br>V TO V<br>O TO V   |                                |   |   | 6. CATEGORY OF EMPLOYMENT<br>REGULAR   |  |
| 7. FAN AND NSCA<br>8026-3430 0000   |                                |   |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)<br>PL 88-613<br>Section 33     |  |
| 9. ORGANIZATIONAL DESIGNATION<br>DBO/IMS AND<br>INFORMATION MGMT & PLANNING GROUP<br>RECORDS MANAGEMENT BRANCH<br>AREAS UNIT  |                                |   |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.                                      |  |
| 11. POSITION TITLE<br>RECORDS ADMIN OFF NR (13)   |                                |   |   | 12. CAREER SERVICE DESIGNATION<br>DCC  |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |                                |   |   | 15. OCCUPATIONAL SERIES<br>0344.01   |  |
| 16. GRADE AND STEP<br>13 2  |                                |   |   | 17. SALARY OR RATE<br>\$26,889   |  |
| 18. REMARKS<br>Last Working Day: 4 August 1978<br>CONCUR: <i>Henry E. Walton</i> Date <i>7/26/78</i><br>co-ordinated with: <i>James H. ROB</i><br><i>7/31/78</i><br><i>Georg R. ROB</i><br><i>7/31/78</i> |                                |   |   |  |  |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br><i>Henry E. Walton</i>   |                                | DATE SIGNED<br>7/26/78                  |   | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>James H. ROB</i>            |  |
| 18C. DATE SIGNED<br>7/26/78   |                                |   |   |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL CNIS   |                                |   |   |  |  |
| 19. ACTION CODE<br>45   | 20. EMPLOY CODE<br>10          | 21. OFFICE CODING<br>NUMERIC ALPHABETIC | 22. STATION CODE  | 23. INTEGREE CODE  | 24. HOURS CODE<br>1  |
| 25. DATE OF BIRTH<br>MO DA YR<br>03 01 78   | 26. DATE OF GRADE<br>MO DA YR  | 27. DATE OF LEI<br>MO DA YR             | 28. RETIREMENT DATA<br>1-PS<br>2-OPEN<br>3-FICA<br>4-NONE     |  |  |
| 29. NTE EXPIRY<br>MO DA YR  | 30. SPECIAL REFERENCE          | 31. SEPARATION DATA CODE                | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR             | 33. SECURITY REQ. NO.  |  |
| 35. VET PREFERENCE<br>CODE<br>0-NO<br>1-5 YR<br>2-10 YR   | 36. SERV COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR          | 38. CAREER CATEGORY<br>CAR/RES<br>PROV/TEMP                   | 39. LEGAL/HEALTH INSURANCE<br>CODE<br>0-WAIVER<br>1-REG<br>2-REG/OPT<br>3-UNELIGIBLE | 40. SOCIAL SECURITY NO.                                    |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS)                    |                                | 42. LEAVE CAT CODE                      | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE PAY TAX EXEMPTIONS |  | 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX STATE CODE |
| 45. POSITION CONTROL CERTIFICATION<br>03 AUG 1978   |                                |   | 46. OFF. APPROVAL<br><i>William H. Wright</i>                 |  | DATE APPROVED<br>8/1/78                                    |

FORM 1152 USE PREVIOUS EDITION  
8-72

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E-2, IMPDET CL. BY. 007622 (4)

25 July 1978

**SUMMARY OF AGENCY EMPLOYMENT**

I entered on duty with the CIA in April 1952 and have been in records management for my whole career, seventeen years of it overseas.

*James Woods*  
James S. Woods

NO SECURITY CONCERNS  
*[Signature]*

10 MAY 25 1978

SECRET  
(When Filled In)

16 MAY 1978

| REQUEST FOR PERSONNEL ACTION  |  |   |  | DATE PREPARED   |  |
|---|--|---|--|---|--|
| 1. SERIAL NUMBER<br>010032  |  |   |  | 2. NAME (Last-First-Middle)<br>WOODS JAMES S                                  |  |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT   |  |   |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH: 04 DAY: 09 YEAR: 78                     |  |
| 5. CATEGORY OF EMPLOYMENT<br>REGULAR  |  |   |  | 6. FAN AND NSCA<br>8026-3430-0000   |  |
| 7. ORGANIZATIONAL DESIGNATIONS<br>DDO/IMS<br>INFORMATION MGMT AND PLANNING GROUP<br>RECORDS MANAGEMENT BRANCH<br>AREAS UNIT |  |   |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel)                         |  |
| 9. LOCATION OF OFFICIAL STATION<br>NASH., D.C.  |  |   |  | 10. POSITION NUMBER<br>CG45   |  |
| 11. POSITION TITLE<br>RECORDS ADMIN OFF (13)  |  |   |  | 12. CAREER SERVICE DESIGNATION<br>DCC   |  |
| 13. CLASSIFICATION SCHEME (A-E, GS-15)<br>GS  |  |   |  | 14. OCCUPATIONAL SERIES<br>0344.01  |  |
| 15. GRADE AND STEP<br>13 2  |  |   |  | 16. SALARY OR RATE<br>\$26,889  |  |
| 17. REMARKS<br>FROM: DDO/NE<br><br>CONCUR: (telecord)<br>C/NE/Pers<br>DATE<br><br>Henry E. Walton 05/12/78                  |  |   |  |   |  |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br>Henry E. Walton  |  | DATE SIGNED<br>5/10/78                            |  | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>James L. Lee<br>5/11/78 |  |
| C/PCS/CSS/Pers SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL DDO/CMS/07-12                                       |  |   |  |   |  |
| 19. ACTION CODE<br>37   |  | 20. EMPLOY CODE<br>10                             |  | 21. OFFICE CODING<br>NUMERIC: 53746 ALPHABETIC: IMS                           |  |
| 22. STATION CODE<br>75013   |  | 23. INTEGRE CODE                                  |  | 24. MONTHS CODE<br>02   |  |
| 25. DATE OF BIRTH<br>02/20/28   |  | 26. DATE OF GRADE<br>MO: DA: YR:                  |  | 27. DATE OF LEI<br>MO: DA: YR:  |  |
| 28. DATE EXPIRES<br>MO: DA: YR:   |  | 29. SOCIAL REFERENCE                              |  | 30. RETIREMENT DATA<br>CODE   |  |
| 31. SEPARATION DATA CODE  |  | 32. CORRECTION CANCELLATION DATA<br>TYPE MO DA YR |  | 33. SECURITY REQ. NO  |  |
| 34. VET PREFERENCE<br>CODE  |  | 35. SERV COMP DATE<br>MO: DA: YR                  |  | 36. LONG. COMP DATE<br>MO: DA: YR   |  |
| 37. CAREER CATEGORY<br>CODE   |  | 38. FEGLI/HEALTH INSURANCE<br>CODE                |  | 39. SOCIAL SECURITY NO  |  |
| 40. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE  |  | 41. LEAVE CAT.<br>CODE                            |  | 42. FEDERAL TAX DATA<br>CODE  |  |
| 43. STATE TAX DATA<br>CODE  |  | 44. FORM EXECUTED<br>CODE                         |  | 45. POSITION CONTROL CERTIFICATION<br>3 U IMAT 135-12-78<br>FROM: we          |  |
| 46. APPROVAL<br>Fidest 47   |  | DATE APPROVED<br>5/26/78                          |  |   |  |



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(When Filled In)

|   |                                |   |  |  |                                       |
|---|--------------------------------|---|--|--|---------------------------------------|
| C REQUEST FOR PERSONNEL ACTION  |                                |   |  | DATE PREPARED<br>6 Feb 78                            |                                       |
| 1. SERIAL NUMBER<br>J10032  |                                | 2. NAME (Last-First-Middle)<br>WOODS, JAMES S.                    |  |  |                                       |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION  |                                |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH 02 DAY 12 YEAR 78 |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR  |
| 6. FUNDS<br>V TO V<br>Q TO V  |                                | 7. FAR AND NECA<br>3033 4800 0000                                 |  | 8. LEGAL AUTHORITY (Complied by Office of Personnel) |                                       |
| 9. ORGANIZATIONAL DESIGNATION<br>DDO/NE DIVISION<br>OFFICE OF THE CHIEF, NE DIVISION<br>PLANS STAFF |                                |   | 10. LOCATION OF OFFICIAL STATION<br>WASH, D.C.         |  |                                       |
| 11. POSITION TITLE<br>RECORDS ADMIN OFF   |                                |   | 12. POSITION NUMBER<br>CG45                            |  | 13. CAREER SERVICE DESIGNATION<br>DCC |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |                                | 15. OCCUPATIONAL SERIES<br>0344.01                                |  | 16. GRADE AND STEP<br>13 # 2                         |                                       |
| 17. SALARY OR RATE<br>26889   |                                |   |  |  |                                       |
| 18. REMARKS<br>CONCUR:<br>Henry Walton (telecoord)<br>ISS<br>6 Feb 78<br>Date<br>From 125           |                                |   |  |  |                                       |
| DATE SIGNED<br>6 Feb 78   |                                | 188. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>[Signature] |  | DATE SIGNED<br>2/18/78                               |                                       |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                |   |  |  |                                       |
| 19. ACTION CODE<br>22 10  | 20. PAY CODE<br>46015          | 21. OFFICE CODING<br>ALPHABETIC<br>NE                             | 22. STATION CODE<br>75013                              | 23. INTEGRITY CODE                                   | 24. MOBILE CODE                       |
| 25. DATE OF BIRTH<br>02/20/28   | 26. DATE OF GRADE<br>03/12/78  | 27. DATE OF LEI<br>03/12/78                                       | 28. DATE OF BIRTH<br>02/20/28                          | 29. DATE OF GRADE<br>03/12/78                        | 30. DATE OF LEI<br>03/12/78           |
| 31. RET. EXP. REFERENCE   | 32. SPECIAL REFERENCE          | 33. RETIREMENT DATA   | 34. SEPARATION DATA CODE                               | 35. CORRECTION/CANCELLATION DATA                     | 36. SECURITY REG. NO.                 |
| 37. NET PREFERENCE  | 38. SERV COMP DATE             | 39. LONG COMP DATE  | 40. CAREER CATEGORY                                    | 41. FEGLI HEALTH INSURANCE                           | 42. SOCIAL SECURITY NO.               |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE  | 44. LEAVE CAT CODE             | 45. FEDERAL TAX DATA  | 46. STATE TAX DATA                                     | 47. SOCIAL SECURITY NO.                              | 48. SOCIAL SECURITY NO.               |
| 49. POSITION CONTROL CERTIFICATION<br>3-6-78 A20  | 50. O* APPROVAL<br>[Signature] | 51. DATE APPROVED<br>06 MAR 1978                                  | 52. DATE APPROVED<br>5 MAR 78                          | 53. DATE APPROVED                                    | 54. DATE APPROVED                     |

18 August 1978

Mr. James S. Woods  
304 Meadow Hall Dr.  
Rockville, MD 20851

Dear Mr. Woods:

We are enclosing the employee copy of your  
retirement action (Form 1150) that you requested  
04 August 1978.

Sincerely,

151

Chief, Control Division

Enclosure: 1 Form

Dist.

Orig. - Adse.

1 - TRB

1 - OPE/WOODS, James S.  
OP/TRB, (18AUG78)

ADMINISTRATIVE-INTERNAL USE ONLY

18 APR 1978

MEMORANDUM FOR: James S. Woods  
FROM: John N. McMahon  
Deputy Director for Operations  
SUBJECT: Commendation for Exceptional Performance

1. The Directorate of Operations Records Review Task Force has finished its work in Warrenton. I want you to know that I realize that a large measure of the success of this effort was due to the exceptional performance of the Records Management Officers who worked long and hard during the six-month period, patiently guiding the 435 Directorate personnel who served on the component teams. Many of you performed additional duties, voluntarily and cheerfully, extending beyond the ten-hour work day, which kept the task force functioning smoothly.

2. This fine team effort and your personal contribution to it is in the best tradition of the Directorate of Operations. I commend you for a job well done.



John N. McMahon

ADMINISTRATIVE-INTERNAL USE ONLY

CONFIDENTIAL

1 AUG 1978

MEMORANDUM FOR: Director of Personnel

FROM : Kenneth Corbat  
Chief, Retirement Affairs Division

SUBJECT : Request for Voluntary Retirement -  
Mr. James S. Woods

1. This memorandum submits a recommendation for your approval in paragraph 3.

2. The employee named above has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50h.

|                                |                                      |
|--------------------------------|--------------------------------------|
| Grade: GS-13                   | Position: Records Management Officer |
| Career Service                 | Operations                           |
| Office/Division                | Information Management Staff         |
| Date Requested for Retirement: | 4 August 1978                        |
| Age at that Date               | 50                                   |
| Years of Creditable Service    | 29                                   |
| Years of Agency Service        | 26                                   |
| Years of Qualifying Service    | 9                                    |

3. The applicant's Career Service and the CIA Retirement Board recommend that the request be approved.

/s/ Kenneth Corbat

The recommendation contained in paragraph 3 is approved.

(SIGNED) F. W. H. Jern

2 AUG 1978

Director of Personnel

Date

Distribution:

- 0 - Return to ROB
- 1 - Applicant
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

2 AUG 1978

CONFIDENTIAL

11/21

## DATE PREPARED

5 Oct 1977

1152 ~~OF PREVIOUS EDITION~~

**SECRET**

E-2, IMPDET CL. BY: 007622

SECRET

(When Filled In)

C-20

| REQUEST FOR PERSONNEL ACTION   |                                |   |   | DATE PREPARED   |                                       |
|--|--------------------------------|---|---|---|---------------------------------------|
| 1. SERIAL NUMBER<br>010732   |                                | 2. NAME (Last-First-Middle)<br>WOODS, JAMES S.                |   | 3. DATE OF REQUEST<br>9 August 1976                         |                                       |
| 4. REASON FOR PERSONNEL ACTION<br>CHANGE OF PAN NUMBER   |                                |   | 5. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>08 09 76 |   | 6. CAREER/PM OF EMPLOYMENT<br>ZZTTLAR |
| 7. PAN AND NSCA<br>T230 0130 0002  |                                |   | 8. OFFICE AUTHORITY (Completed by Office of Personnel)    |   |                                       |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDC/CCS<br>REGISTRY  |                                |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D. C.          |   |                                       |
| 11. POSITION NUMBER<br>EPOO:DC ADMIN OFF CH  |                                |   | 12. POSITION NUMBER<br>BL 14                              |   | 13. CAREER SERVICE DESIGNATION<br>DCC |
| 14. CLASSIFICATION SYMBOLS (G, E, P, etc.)<br>E  |                                | 15. OCCUPATIONAL SERIES<br>0344.01                            |   | 16. GRADE AND STEP<br>12 4                                  |                                       |
| 17. SALARY AND BENEFITS<br>21,321  |                                |   |   |   |                                       |
| 18. REMARKS  |                                |   |   |   |                                       |
| DATE SIGNED<br>Off 9 Aug 76  |                                | 19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER             |   | DATE SIGNED   |                                       |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                |   |   |   |                                       |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>10          | 21. OFFICE CODES<br>NUMERIC ALPHABETIC<br>39115 CC5           | 22. STATION CODE<br>75013                                 | 23. INTEREST CODE   | 24. NOTES CODE<br>1                   |
| 25. DATE OF BIRTH<br>MO DA YR<br>02 20 28  | 26. DATE OF GROSS<br>MO DA YR  | 27. DATE OF LEI<br>MO DA YR                                   | 28. SECURITY RIA TO                                       |   |                                       |
| 29. SPECIAL REFERENCE  | 30. RETIREMENT DATA<br>CODE    | 31. SEPARATION DATA CODE                                      | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR         | 33. SOCIAL SECURITY NO                                      |                                       |
| 34. PREFERENCE<br>CODE<br>1-3 PT<br>2-14 PT  | 35. SERV COMP DATA<br>MO DA YR | 36. LONG COMP DATA<br>MO DA YR                                | 37. CAREER CATEGORY<br>CODE<br>1-21<br>2-22<br>3-23       | 38. FEEL/HEALTH/INDEBTS<br>CODE<br>1-21<br>2-22<br>3-23     | 39. SOCIAL SECURITY NO                |
| 40. PERIODS (CIVILIAN GOVERNMENT SERVICE)<br>CODE<br>1-21 PREVIOUS SERVICE<br>2-22 SERVED IN SERVICE<br>3-23 SERVED IN SERVICE (LESS THAN 3 YEARS)<br>4-24 SERVED IN SERVICE (MORE THAN 3 YEARS) | 41. LEAVE CAT CODE             | 42. FEDERAL TAX DATA<br>FORM EXCLUDED<br>CODE<br>1-21<br>2-22 | 43. NO TAX EXEMPTIONS<br>CODE<br>1-21<br>2-22             | 44. STATE TAX DATA<br>FORM EXCLUDED<br>CODE<br>1-21<br>2-22 | 45. STATE CODE                        |
| 46. POSITION CONTROL CERTIFICATION<br>10 AUG 1976  |                                | 47. OF APPROVAL<br>B Br...                                    |   | DATE APPROVED   |                                       |

FORM 1152 USE PREVIOUS EDITION

SECRET

E-2. COMDET CL BY: 007622 (4)



## REQUEST FOR PERSONNEL ACTION

**DAT PREPARO**

13 July 1976

FORM 1152 USE PREVIOUS EDITIONS

**SECRET**

12. UNPOST CL AV: 007622

CR

11-22-74

C. M. May

SECRET

(When Filled In)

|   |                                     |   |                                     |  |  |
|---|-------------------------------------|---|-------------------------------------|--|--|
| 1. SERIAL NUMBER<br>010032 ✓  |                                     | 2. NAME (Last-First-Middle)<br>WOODS, JAMES B. ✓                        |                                     | 3. REQUEST FOR PERSONNEL ACTION<br>DATE PREPARED<br>13 November 1974 |  |
| 4. NATURE OF PERSONNEL ACTION<br>PROMOTION                                    |                                     | 5. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>11 24 74               |                                     | 6. CATEGORY OF EMPLOYMENT<br>REGULAR                                 |  |
| 7. FUND<br>XX V TO V<br>C TO V  |                                     | 8. PAY AND BSCA<br>5230 0121 0002                                       |                                     | 9. LEAD AUTHORITY (Completed by Office of Personnel)<br>50 USC 403 J |  |
| 10. ORGANIZATIONAL DESIGNATION<br>DDO/CCS<br>CENTRAL INTELLIGENCE<br>REGISTRY |                                     | 11. LOCATION OF OFFICE/STATION<br>WASH., D. C.                          |                                     |  |  |
| 12. POSITION TITLE<br>RECORDS ADMIN OF CH (12)                                |                                     | 13. POSITION NUMBER<br>0061   |                                     | 14. CAREER SERVICE DESIGNATION<br>DAC                                |  |
| 15. CLASSIFICATION SCHEME (GS, EA, etc.)<br>GS                                |                                     | 16. OCCUPATIONAL SERIES<br>0344.01                                      |                                     | 17. GRADE AND STEP<br>12 3   |  |
| 18. SALARY OF RATE<br>\$ 19,693 ✓   |                                     |   |                                     |  |  |
| 19. REMARKS<br>CONCURRE: [REDACTED] (TELECORD)<br>SS/SE/FEZ3                  |                                     |   |                                     |  |  |
| 20. DATE SIGNED<br>13 Nov 74  |                                     | 21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>[Signature]</i> |                                     | 22. DATE SIGNED<br>15 Nov 74   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                      |                                     |   |                                     |  |  |
| 23. ACTION CODE<br>22   | 24. EMPLOY CODE<br>10               | 25. OFFICE CODE<br>391157   | 26. STATION CODE<br>CCS             | 27. INTEREST CODE<br>75613   | 28. MONTH CODE<br>1                                      |
| 29. DATE OF BIRTH<br>022078   | 30. DATE OF GRADE<br>1112474        | 31. DATE OF SE<br>1112474   | 32. SECURITY<br>EOD DATA            |  |  |
| 33. VET PREFERENCE<br>1-5/PI<br>2-10/PI                                       | 34. SEPT. COMP. DATE<br>MO. DA. YR. | 35. LEAVE COMP. DATE<br>MO. DA. YR.                                     | 36. CAREER CATEGORY<br>1-01<br>2-00 | 37. FEDERAL TAX DATA<br>NO. TAX EXEMPTIONS<br>1-01<br>2-00           | 38. STATE TAX DATA<br>NO. TAX EXEMPTIONS<br>1-01<br>2-00 |
| 39. POSITION CONTROL CERTIFICATION<br>11-15-74 ✓ 25 NOV 1974                  |                                     | 40. O.P. APPROVAL<br><i>[Signature]</i>                                 |                                     | 41. DATE APPROVED<br>25 Nov 74                                       |  |



SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |   |  |   |   |   | DATE PREPARED<br>21 August 1973  |                               |
|---|---|--|---|---|---|--|-------------------------------|
| 1. SERIAL NUMBER<br>010032  |   | 2. NAME (Last-First-Middle)<br>WOODS, JAMES S.         |   |   |   |  |                               |
| 3. NATURE OF PERSONNEL ACTION<br>TRANSFER TO VOLUNTEER FUNDS.<br>REASSIGNMENT AND DELEGATION OF N.S.C.A.  |   |  |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>09 16 73     |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR   |                               |
| 6. FUNDS<br>XX  |   | 7. PAN AND MSCA<br>4230 0121 0002                      |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)         |   |  |                               |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/CCS<br>OFFICE OF THE CHIEF<br>RECORDS MANAGEMENT AND REGISTRY SEC   |   |  |   | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.               |   |  |                               |
| 11. POSITION TITLE<br>RECORDS ADMIN OF CH   |   |  |   | 12. POSITION NUMBER<br>0061                                   |   | 13. CAREER SERVICE DESIGNATION<br>D  |                               |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |   | 15. OCCUPATIONAL SERIES<br>0344.01                     |   | 16. GRADE AND STEP<br>11 6                                    |   | 17. SALARY OR RATE<br>16,326   |                               |
| 18. REMARKS<br>HOME BASE: <del>SS</del> <del>SS</del><br>CONCUR: _____ (TELECOORD)<br>C/EUR/PERS<br>CONCUR: _____ (TELECOORD)<br>DDF/RECORDS MGMT OFFICER<br>* CONCUR FOR CIA W-2: <u>CCS/OCB/S</u> |   |  |   |   |   |  |                               |
| 19A. SIGNATURE OF REQUESTING OFFICIAL<br>Erich W. Isenstead, C/CCS  |   |  |   | DATE SIGNED<br>8/24/73  |   | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER   |                               |
| DATE SIGNED   |   |  |   |   |   |  |                               |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |   |  |   |   |   |  |                               |
| 19. ACTION CODE<br>16   | 20. EMPLOY CODE<br>10                   | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>391001CCS   | 22. STATION CODE<br>15013                           | 23. INTEGRAL CODE<br>1  | 24. HOURS CODE<br>02120128                        | 25. DATE OF BIRTH<br>MO DA YR  | 26. DATE OF GRACE<br>MO DA YR |
| 27. DATE OF LEI<br>MO DA YR   | 28. NTE EXPIRES<br>MO DA YR<br>XX/XX/XX | 29. SPECIAL REFERENCE                                  | 30. RETIREMENT DATA<br>CODE                         | 31. SEPARATION DATA CODE                                      | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR | 33. SECURITY REQ. NO.  | 34. SEX                       |
| 35. VET. PREFERENCE<br>CODE<br>0-None<br>1-5 PT.<br>2-10 PT.  | 36. SERV. COMP. DATE<br>MO DA YR        | 37. LONG COMP. DATE<br>MO DA YR                        | 38. CAREER CATEGORY<br>CODE<br>CAP/RES<br>PROV/TEMP | 39. FEGLI/HEALTH INSURANCE<br>CODE<br>0-None<br>1-YES<br>2-NO | 40. SOCIAL SECURITY NO.                           | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO PRIOR IN SERVICE<br>2-REAR IN SERVICE (LESS THAN 3 YEARS)<br>3-REAR IN SERVICE (MORE THAN 3 YEARS) |                               |
| 42. LEAVE CAT. CODE   |   | 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO |   | 44. STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO          |   | 45. POSITION CONTROL CERTIFICATION<br>8-23-B   |                               |
| 46. O.P. APPROVAL<br>*FRJF. EUR<br>11/1/73  |   |  |   | DATE APPROVED<br>5 Aug 73                                     |   |  |                               |

OEM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 011-0359

EX-72

(4)

CONFIDENTIAL  
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

JAMES S WOODS

NAME

(Please Print)

James S Woods

Signature

11 Sept 73

Date

CONFIDENTIAL  
(When filled in)

Group 1 - Excluded from  
automatic downgrading  
and declassification.

**SECRET**

17 APR 1973

**Certificate of Exceptional  
Service (for Vietnam)****VIETNAM (Contract Employees)**

**SECRET**  
(When Filled In)

|  |                              |   |   |   |   |
|--|------------------------------|---|---|---|---|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |                              |   |   | DATE PREPARED<br><b>24 January 1973</b>                                 |   |
| 1. SERIAL NUMBER<br><b>010032</b>  |                              | 2. NAME (Last-First-Middle)<br><b>WOODS, JAMES S.</b> ✓   |   |   |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>PROMOTION</b>  |                              |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH <b>02</b> DAY <b>04</b> YEAR <b>73</b> |   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>           |
| 6. FUNDS<br>V TO V<br>O TO V<br><b>X</b> O TO O  |                              |   | 7. PAN AND NSCA<br><b>3136 1267 0000</b>                                    |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>UDP/EUROPEAN DIVISION<br/>FOREIGN FIELD<br/>ITALIAN AREA<br/>ROME STATION<br/>SUPPORT BRANCH</b>                                      |                              |   | 10. LOCATION OF OFFICIAL STATION<br><b>ROME, ITALY</b>                      |   |   |
| 11. POSITION TITLE<br><b>ADM<br/>RECORDS ADMIN OFFICER (09)</b>  |                              |   | 12. POSITION NUMBER<br><b>0699</b>  |   | 13. CAREER SERVICE DESIGNATION<br><b>D</b>            |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>  |                              | 15. OCCUPATIONAL SERIES<br><b>0344 01</b>   |   | 16. GRADE AND STEP<br><b>11.6</b>                                       |   |
| 17. SALARY OR RATE<br><b>\$16326</b>   |                              | 18. REMARKS<br><b>HOME BASE: IS CONCUR</b><br><b>PRA HR 20-17e (1) (a) PROMOTION</b><br><b>CONCUR: C/E/ITALY</b> <i>W. J. Smider</i> <i>NOTE: 1/20.</i><br><i>Mr. Woods will be assigned to DOP/CS/RMU position 00611111.</i><br><i>Mr. Evan.</i> |   |   |   |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br><b>C/E/PERS</b>   |                              | DATE SIGNED<br><b>1/24/73</b>   |   | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>Jay M. ...</i> |   |
| DATE SIGNED<br><b>2/2/73</b>   |                              | SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |   |   |   |
| 19. ACTION CODE<br><b>33</b>   | 20. EMPLOY CODE<br><b>10</b> | 21. OFFICE CODING<br>NUMERIC <b>44750</b> ALPHABETIC <b>EUR</b>   | 22. STATION CODE<br><b>36533</b>  | 23. INTEREST CODE   | 24. MONTHS CODE<br><b>3</b>                           |
| 25. DATE OF BIRTH<br>MO. DA. YR. <b>02/20/28</b>   |                              | 26. DATE OF GRADE<br>MO. DA. YR. <b>02/04/73</b>  |   | 27. DATE OF LEI<br>MO. DA. YR. <b>02/04/73</b>                          |   |
| 28. DATE EXPIRES<br>MO. DA. YR. <b>02/03/74</b>  |                              | 29. SPECIAL REFERENCE<br><b>81</b>  |   | 30. RETIREMENT DATA<br>1-CC 2-DCN 3-FICA 4-NONE                         |   |
| 31. SEPARATION DATA CODE   |                              | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO. DA. YR.  |   | 33. SECURITY REQ. NO.   |   |
| 34. SEX  |                              | 35. VET PREFERENCE<br>CODE 1-NO 2-5 PT 3-10 PT  |   |   |   |
| 36. SERV COMP DATE<br>MO. DA. YR.  |                              | 37. LONG COMP DATE<br>MO. DA. YR.   |   | 38. CAREER CATEGORY<br>LAF/RESP PROP/TEMP                               |   |
| 39. FEDERAL/HEALTH INSURANCE<br>CODE CODE CODE<br>0-WAIVER 1-REG 2-REG/OPT 3-INELIGIBLE  |                              | 40. SOCIAL SECURITY NO.   |   |   |   |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 1-NO PREVIOUS SERVICE 2-NO BREAK IN SERVICE 3-BREAK IN SERVICE (LESS THAN 3 YEARS) 4-BREAK IN SERVICE (MORE THAN 3 YEARS) |                              | 42. LEAVE CAT. CODE   |   | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS            |   |
| 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS   |                              | 45. POSITION CONTROL CERTIFICATION<br><b>2-2-73</b><br><i>mmw</i>   |   |   |   |
| 46. OP APPROVAL<br><i>P. S. ...</i>  |                              |   |   | DATE APPROVED<br><b>2/2/73</b>  |   |

FORM 1152 USE PREVIOUS EDITION  
6-72

**SECRET**

E-2, IMPDET CL. BY: 007622

FEB 1973

☐ UNCLASSIFIED

☐ INTERNAL  
USE ONLY

☐ CONFIDENTIAL

☐ SECRET

# ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

JAMES WOODS

EXTENSION

NO.

EUR/PERS  
4B0002 Hqs

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

E/PERS/TEDDY

2.

C/E/PERS

3.

C/E/PER I

4.

E/PERS/JON

5.

C/IS/PERS

6.

7.

CSPS/SOB GG10

8.

9.

OP/PI 5E03

10.

11.

12.

13.

14.

15.

for concurrence

for concurrence

7. Subject will be assigned as  
Ch. Reg. + RMO DDP/CCS upon  
his return to Hqs (about  
Aug 73), vice Evan

Mr. Woods will be assigned  
to CCS/RMO position  
0061 vice Mr. Michael  
Evan.

FORM  
3-62

610

USE PREVIOUS  
EDITIONS

☐ SECRET

☐ CONFIDENTIAL

☐ INTERNAL  
USE ONLY

☐ UNCLASSIFIED

SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION   |   |  |  | DATE PREPARED  |   |
|--|---|--|--|--|---|
| 1. SERIAL NUMBER<br>010032   |   |  |  | 2. NAME (Last-First-Middle)<br>WOODS JAMES S   |   |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND TRANSFER<br>TO CONFIDENTIAL FUNDS  |   |  |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>05 30 71  |   |
| 5. CATEGORY OF EMPLOYMENT<br>REGULAR   |   |  |  | 6. FINANCIAL ANALYSIS NO<br>CHARGEABLE<br>1136-1267  |   |
| 7. LEGAL AUTHORITY (Completed by Office of Personnel)  |   |  |  | 8. ORGANIZATIONAL DESIGNATIONS<br>DDP/EUR<br>FOREIGN FIELD<br>ITALIAN AREA<br>ROME STATION<br>SUPPORT BRANCH |   |
| 9. LOCATION OF OFFICIAL STATION<br>ROME ITALY  |   |  |  | 10. POSITION TITLE<br>RECORDS ADM OF (69)  |   |
| 11. POSITION NUMBER<br>0699  |   |  |  | 12. CAREER SERVICE DESIGNATION<br>D  |   |
| 13. CLASSIFICATION SCHEDULE (GS, LE, PW, ...)<br>GS  |   |  |  | 14. OCCUPATIONAL SERIES<br>0344.01   |   |
| 15. GRADE AND STEP<br>10 7   |   |  |  | 16. SALARY OR RATE<br>13,821   |   |
| 17. REMARKS<br>1 cc: Payroll<br>From: DDP/EUR<br>DEVELOPMENT COMPLEMENT<br>No Language Required<br>PRA HR 20-17E(1) (B) NTE Two Yrs<br>X HB: EUR                                     |   |  |  |  |   |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br>WILLFORD C TAYLOR, C/E/Pers   |   | DATE SIGNED<br>3/5/71                                  |  | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>3/5/71   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |  |  |  |   |
| 19. ACTION CODE<br>20  | 20. EMPLOY CODE<br>10                             | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>44625 S/P   | 22. STATION CODE<br>36533                            | 23. INTEGRAL CODE<br>3   | 24. MONTHS<br>62                            |
| 25. DATE OF BIRTH<br>MO. DA. YR.<br>02 20 28   | 26. DATE OF GRADE<br>MO. DA. YR.                  | 27. DATE OF LIT<br>MO. DA. YR.                         | 28. DATE OF BIRTH<br>MO. DA. YR.                     | 29. DATE OF GRADE<br>MO. DA. YR.   | 30. DATE OF LIT<br>MO. DA. YR.              |
| 31. NTE EXPIRES<br>MO. DA. YR.<br>05 29 73   | 32. SPECIAL REFERENCE<br>1-YES<br>2-NO<br>3-OTHER | 33. RETIREMENT DATA<br>CODE                            | 34. SEPARATION DATA CODE<br>TYPE                     | 35. CORRECTION, CANCELLATION DATA<br>MO. DA. YR.   | 36. SECURITY<br>YES NO                      |
| 37. VET PREFERENCE<br>CODE<br>1-NO<br>2-YES  | 38. SERV COMP DATE<br>MO. DA. YR.                 | 39. LONG COMP DATE<br>MO. DA. YR.                      | 40. CAREER CATEGORY<br>CODE<br>1-YES<br>2-NO         | 41. FEDERAL HEALTH INSURANCE<br>CODE<br>1-YES<br>2-NO  | 42. SOCIAL SECURITY NO                      |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO ACT IN SERVICE<br>2-DEBAR IN SERVICE (LESS THAN 3 YEARS)<br>3-DEBAR IN SERVICE (MORE THAN 3 YEARS) | 44. LEAVE CAT. CODE                               | 45. FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 46. STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 47. STATE TAX DATA<br>CODE<br>1-YES<br>2-NO  | 48. STATE TAX DATA<br>CODE<br>1-YES<br>2-NO |
| 49. POSITION CONTROL CERTIFICATION<br>5-7-71<br>P. 1   |   |  | 50. O.P. APPROVAL<br>C. B. B. 5-10-71                |  |   |

FORM 3-67 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

SECRET

(If New Entry to)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

02 DECEMBER 1970

|   |  |  |  |   |  |   |  |   |  |
|---|--|--|--|---|--|---|--|---|--|
| 1. SERIAL NUMBER<br>010032  |  | 2. NAME (Last-First-Middle)<br>WOODS JAMES S         |  | 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND TRANSFER TO<br>VOUCHERED FUNDS  |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>12 13 70                         |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                    |  |
| 6. FUNDS<br>XX  |  | 7. FINANCIAL ANALYSIS NO.<br>CHARGEABLE<br>1236-1186 |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel)   |  | 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/EUR<br>DEVELOPMENT COMPLEMENT               |  | 10. LOCATION OF OFFICIAL STATION<br>WASHINGTON, D.C.    |  |
| 11. POSITION TITLE<br>RECORDS ADM OFFICER   |  | 12. POSITION NUMBER<br>9997                          |  | 13. CAREER SERVICE DESIGNATION<br>D   |  | 14. CLASSIFICATION SCHEDULE (GS, L, P, etc.)<br>GS                                |  | 15. OCCUPATIONAL SERIES<br>0344.01                      |  |
| 16. GRADE AND STEP<br>10 7  |  | 17. SALARY OR RATE<br>\$ 13,041                      |  | 18. REMARKS<br>2cc: SECURITY<br>cc: PAYROLL<br>FROM: DDP/EUR/FOREIGN FIELD<br>LONDON, ENGLAND SLOT# 0254<br>NTE: 30 June 1971<br>Pending Reassignment |  | 19. SIGNATURE OF REQUESTING OFFICIAL<br>WILLFORD C. TAYLOR, C/E/PCNS              |  | 20. DATE SIGNED<br>3 Dec 70                             |  |
| 21. SIGNATURE OF CAREER SERVICE APPROVING OFFICER   |  | 22. DATE SIGNED                                      |  | 23. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  | 24. SECURITY ANALYSIS<br>Security Personnel Granted by Date: 02/04/70<br>02/10/70 |  | 25. HA EUR  |  |
| 26. ACTION CODE<br>16   |  | 27. EMPLOY CODE<br>18                                |  | 28. OFFICE CODING<br>NUMERIC ALPHABETIC<br>44947 02R  |  | 29. STATION CODE<br>75013   |  | 30. INTEGRITY CODE<br>1                                 |  |
| 31. DATE OF BIRTH<br>MO DA YR<br>02 20 28   |  | 32. DATE OF GRADE<br>MO DA YR                        |  | 33. DATE OF LEP<br>MO DA YR   |  | 34. SECURITY REQ NO.  |  | 35. SEX   |  |
| 36. VET. PREFERENCE<br>CODE<br>0-NONE<br>1-5 PT<br>2-10 PT  |  | 37. SERV COMP DATE<br>MO DA YR                       |  | 38. LONG COMP DATE<br>MO DA YR  |  | 39. CAREER CATEGORY<br>CAR/BILY<br>PROV/ILMP                                      |  | 40. FEGLI/HEALTH INSURANCE<br>CODE<br>U-WAIVER<br>1-YES |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0-NONE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS) |  | 42. LEAVE CAT. CODE                                  |  | 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO  |  | 44. STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO                              |  | 45. SOCIAL SECURITY NO.                                 |  |
| 46. POSITION CONTROL CERTIFICATION<br>12-8-70<br>mw   |  | 47. OF APPROVAL<br>w heat                            |  | 48. DATE APPROVED<br>12/8/70  |  | 49. GROUP 1<br>EXCLUDED FROM AUTOMATIC DOWNGRADING<br>AND DECLASSIFICATION        |  | (4)   |  |

FORM 1152 USE PREVIOUS EDITION

SECRET

SECRET

(If Not Filled In)

| REQUEST FOR PERSONNEL ACTION   |                   |  |   | DATE PREPARED        |   |
|--|-------------------|--|---|----------------------|---|
|  |                   |  |   | 20 JANUARY 1971      |   |
| 1. SERIAL NUMBER   |                   | 2. NAME (Last-First-Middle)                        |   |                      |   |
| 010032   |                   | WOODS JAMES S                                      |   |                      |   |
| 3. NATURE OF PERSONNEL ACTION  |                   |  | 4. EFFECTIVE DATE REQUESTED             |                      | 5. CATEGORY OF EMPLOYMENT                             |
| REASSIGNMENT AND TRANSFER TO<br>VOUCHERED FUNDS (CORRECTION)           |                   |  | MONTH DAY YEAR<br>10 71                 |                      | REGULAR   |
| 6. FUNDS   |                   |  | 7. FINANCIAL ANALYSIS NO.<br>CHARGEABLE |                      | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| XX   |                   |  | 1234-1186                               |                      |   |
| 9. ORGANIZATIONAL DESIGNATIONS   |                   |  | 10. LOCATION OF OFFICIAL STATION        |                      |   |
| DDP/EUR<br>DEVELOPMENT COMPLEMENT                                      |                   |  | WASHINGTON, D.C.                        |                      |   |
| 11. POSITION TITLE   |                   |  | 12. POSITION NUMBER                     |                      | 13. CAREER SERVICE DESIGNATION                        |
| RECORDS ADM OFFICER  |                   |  | 9997                                    |                      | D   |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.)                             |                   | 15. OCCUPATIONAL SERIES                            |   | 16. GRADE AND STEP   | 17. SALARY OR RATE                                    |
| GS   |                   | 0344.01  |   | 10 7                 | \$ 13,821   |
| 18. REMARKS  |                   |  |   |                      |   |
| cc: Payroll<br>TO CORRECT EFFECTIVE DATE TO READ 1/10/71 VICE 12/13/70 |                   |  |   |                      |   |
| Hd: EUR  |                   |  |   |                      |   |
| DATE SIGNED  |                   | 189. SIGNATURE OF CAREER SERVICE APPROVING OFFICER |   | DATE SIGNED          |   |
| AC/E/Pers  |                   | 1/21/71  |   | 1/21/71              |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL               |                   |  |   |                      |   |
| 19. ACTION CODE  | 20. EMPLOY CODE   | 21. OFFICE CODING                                  | 22. STATION CODE                        | 23. INTEGRAL CODE    | 24. MOOTES CODE                                       |
| 58   | 18                | 44777  | EUR                                     | 75013                | 1   |
| 25. DATE OF BIRTH  | 26. DATE OF GRADE | 27. DATE OF LEI                                    | 28. DATE EXPIRES                        |                      |   |
| MO. DA. YR.  | MO. DA. YR.       | MO. DA. YR.  | MO. DA. YR.                             |                      |   |
| 02 20 70   |                   |  | 12 13 70                                |                      |   |
| 29. SPECIAL REFERENCE  |                   |  | 30. RETIREMENT DATA                     |                      |   |
|  |                   |  | 31. SEPARATION DATA CODE                |                      |   |
|  |                   |  | 32. CORRECTION CANCELLATION DATA        |                      |   |
|  |                   |  | 16 12 13 70                             |                      |   |
| 33. VET PREFERENCE   |                   | 34. SERV. COMP. DATE                               |   | 35. LONG COMP. DATE  |   |
| CODE   |                   | MO. DA. YR.  |   | MO. DA. YR.          |   |
| 0-None   |                   |  |   |                      |   |
| 1-5 PT   |                   |  |   |                      |   |
| 2-10 PT  |                   |  |   |                      |   |
| 3-15 PT  |                   |  |   |                      |   |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE                               |                   | 42. LEAVE CAT. CODE                                |   | 43. FEDERAL TAX DATA |   |
| CODE   |                   | CODE   |   | CODE                 |   |
| 0-NO PREVIOUS SERVICE  |                   | 1-YES  |   | NO. TAX EXEMPTIONS   |   |
| 1-NO DELAY IN SERVICE  |                   | 2-NO   |   | FORM EXECUTED        |   |
| 2-DELAY IN SERVICE (LESS THAN 3 YEARS)                                 |                   |  |   | 1-YES                |   |
| 3-DELAY IN SERVICE (MORE THAN 3 YEARS)                                 |                   |  |   | 2-NO                 |   |
| 44. SOCIAL SECURITY NO.  |                   |  | 45. POSITION CONTROL CERTIFICATION      |                      |   |
|  |                   |  | 1-26-71                                 |                      |   |
|  |                   |  | Mw                                      |                      |   |
|  |                   |  | W. Heat                                 |                      |   |
|  |                   |  | DATE APPROVED                           |                      |   |
|  |                   |  | 1/26/71                                 |                      |   |

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(4)

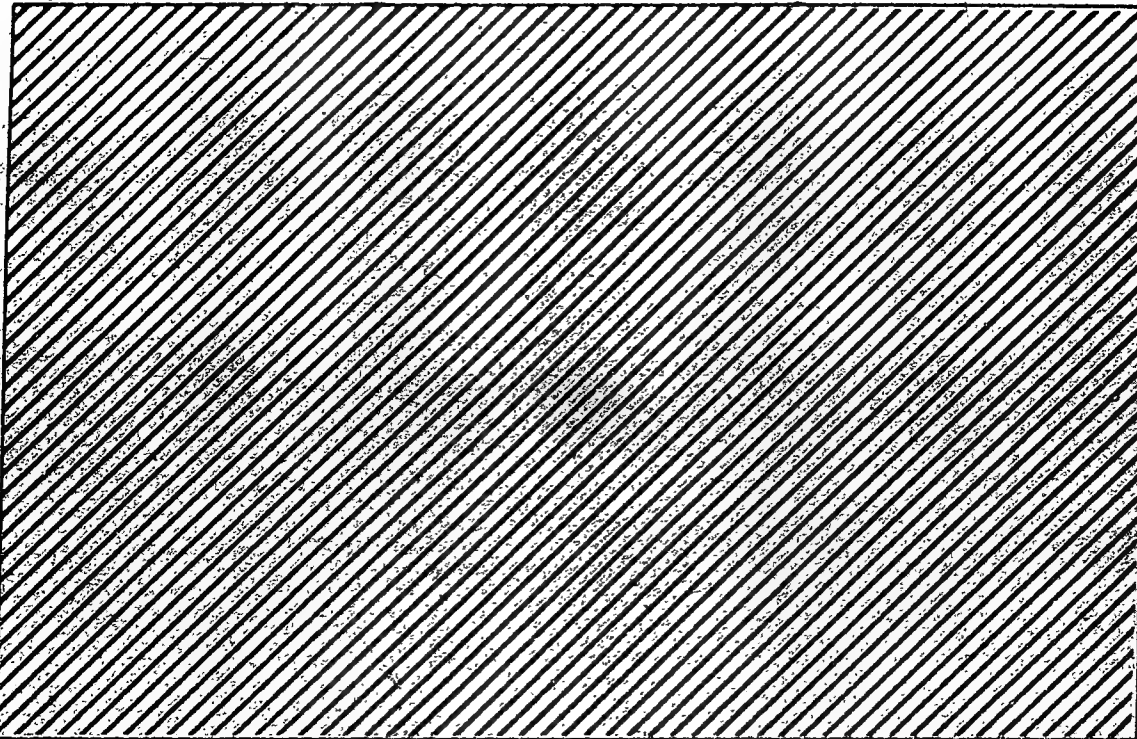


SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION   |                                     |  |   |   |   | DATE PREPARED  |                                  |
|--|-------------------------------------|--|---|---|---|--|----------------------------------|
| 1. SERIAL NUMBER<br>010032   |                                     |  |   |   |   | 2. NAME (Last-First-Middle)<br>WOODS, JAMES S                  |                                  |
| 3. NATURE OF PERSONNEL ACTION<br>CHANGE OF FAN   |                                     |  |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>02 12 71 |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                           |                                  |
| 6. FUNDS<br>XX V TO V<br>CF TO V   |                                     | 7. FINANCIAL ANALYSIS NO.<br>CHARGEABLE<br>1236-1186         |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)     |   |  |                                  |
| 9. ORGANIZATIONAL DESIGNATION<br>DDP/EUR<br>DEVELOPMENT COMPLEMENT   |                                     |  |   | 10. LOCATION OF OFFICIAL STATION<br>WASHINGTON, D.C.      |   |  |                                  |
| 11. POSITION TITLE<br>RECORDS ADM OFFICER  |                                     |  |   | 12. POSITION NUMBER<br>9997                               |   | 13. CAREER SERVICE DESIGNATION<br>D                            |                                  |
| 14. CLASSIFICATION SCHEDULE (GT, LB, etc.)<br>GS   |                                     | 15. OCCUPATIONAL SERIES<br>0344.01                           |   | 16. GRADE AND STEP<br>10 7                                |   | 17. SALARY OR RATE<br>\$ 13,821                                |                                  |
| 18. REMARKS<br>FROM 1234-1186<br>cc: Payroll<br>K-H-B-EUR  |                                     |  |   |   |   |  |                                  |
| 19A. SIGNATURE OF REQUESTING OFFICIAL<br>WILLFORD C. TAYLOR, C/E/PO  |                                     |  |   | DATE SIGNED<br>12 Feb 71                                  |   | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>R. R. H. |                                  |
| DATE SIGNED<br>17 Feb 71   |                                     |  |   |   |   |  |                                  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                     |  |   |   |   |  |                                  |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>18               | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>44997 EUR         | 22. STATION CODE<br>75013                       | 23. INTEGRAL CODE   | 24. HOURS CODE<br>1                               | 25. DATE OF BIRTH<br>MO. DA. YR.<br>02 20 28                   | 26. DATE OF GRADE<br>MO. DA. YR. |
| 27. NTE EXPENSE<br>MO. CA. YR.   | 28. SPECIAL REFERENCE               | 29. RETIREMENT DATA<br>1-YES<br>2-ORIGIN<br>3-FICA<br>4-NONE | 30. SEPARATION DATA CODE                        | 31. CORRECTION/CANCELLATION DATA<br>TYPE MO. DA. YR.      | 32. SECURITY REG. NO.                             |  | 33. SEX                          |
| 34. VTE PREFERENCE<br>CODE 0-NONE<br>1-5 PR<br>2-10 PR   | 35. SERV. COMP. DATE<br>MO. DA. YR. | 36. LONG COMP. DATE<br>MO. DA. YR.                           | 37. CAREER CATEGORY<br>EAA/PSU<br>PROV/TEMP     | 38. FEDERAL TAX DATA<br>CODE NO. TAX EXEMPTIONS           | 39. REGU/HEALTH INSURANCE<br>CODE 0-NONE<br>1-YES | 40. SOCIAL SECURITY NO.  |                                  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0-NONE<br>1-NO PREVIOUS SERVICE<br>2-BEFORE IN SERVICE (LESS THAN 5 YEARS)<br>3-BEFORE IN SERVICE (MORE THAN 5 YEARS) |                                     | 42. LEAVE CAT CODE   | 43. FEDERAL TAX DATA<br>CODE NO. TAX EXEMPTIONS | 44. STATE TAX DATA<br>CODE NO. TAX EXEMPTIONS             |   | 45. SOCIAL SECURITY NO.  |                                  |
| 46. POSITION CONTROL CERTIFICATION<br>2-12-71 km   |                                     |  |   | 47. O.P. APPROVAL<br>W. R. H.                             |   | 48. DATE APPROVED<br>2-12-71                                   |                                  |

SECRET  
(When Filled In)

|   |                                     |              |
|---|-------------------------------------|--------------|
|    |                                     |              |
|   |                                     |              |
| NAME OF EMPLOYEE (Last-First-Middle)  | NAME AND RELATIONSHIP OF DEPENDENT* | CLAIM NUMBER |
| WOODS, JAMES S.   | SELF                                | 70-0961      |
| <p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>6 MAY 1970</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> |                                     |              |
| DATE OF NOTICE  | SIGNATURE OF OSD REPRESENTATIVE     |              |
| 19 JUNE 1970  | /s/ R. L. Austin, Jr.               |              |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE  |                                     |              |

SECRET

14 May 1968

*approved*

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion for Mr. James S. Woods  
from GS-09 to GS-10

1. FE Vietnam Operations concurs in the field recommendation for the promotion of Mr. James S. Woods from GS-09 to GS-10. Following is the recommendation from the Chief, Operational Services Branch, Vietnam Station.

"Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

"As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

"Subject has energetically applied himself to improving procedures within his Section and to the cross-training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever-increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

"Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

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"Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level."

2. If promoted, Subject will occupy the position of IO General, GS-11, Slot # 4984.

*John Caswell*  
Chief, Vietnam Operations

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4 March 1968

MEMORANDUM FOR: Chief of Station

SUBJECT : Recommendation for Promotion -  
Mr. James S. Woods

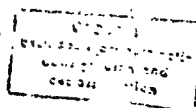
1. It is recommended that Subject be promoted from GS-09 to GS-10. Subject has been with the Organization since April 1952 and has served at Vietnam Station as Chief, RI since January 1967. Subject was last promoted in 1958.

2. As Chief, RI at Vietnam Station, Subject is responsible for the supervision of eleven personnel engaged in a highly diversified activities, all subject to tight scheduling and deadlines. Examples of some of the diversified activities for which Subject is responsible are courier service throughout Vietnam, cable secretariat functions and intelligence reports reproduction and distribution, in addition to the classic registry functions normally performed by a station registry.

3. Subject has energetically applied himself to improving procedures within his Section and to the cross training of employees under his supervision to provide flexibility in his operations. His efforts in these areas bore welcome fruit during the recent disturbances when his Section was placed on twenty-four (24) hour duty for several weeks. During this period, while operating with a reduced staff and an ever increasing workload, Subject kept all services operationally effective and on a timely basis with the exception of the in-country courier runs which were interrupted for a few days by circumstances beyond his control.

4. Subject is a dedicated, conscientious and loyal employee. He is cooperative, exercises initiative in accomplishing the tasks at hand and responds favorably to constructive criticism. Personnel in his Section perform their duties in a friendly, courteous and efficient manner. Their attitude, which is an expression of the direction received, has been brought to the attention of the writer on numerous occasions by various Station personnel.

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- 2 -

5. Subject is an acknowledged expert in his chosen field. He constantly seeks out new methods, equipment and knowledge pertaining to his profession and is furthering himself academically through attendance at the local University extension. He has the background and drive to provide potential for assumption of more senior positions in his field. In view of Subject's strong performance, extensive overseas experience in a variety of situations and length of time in his present grade he is strongly recommended for promotion to the GS-10 level.

/s/

Chief, OSB

CONCUR

/s/

Acting Deputy Chief of Station

APPROVE:

/s/Lewis J. Layman

Chief of Station

SECRET

PRA SECRET  
(10 Jan 64 ed 1a)

| REQUEST FOR PERSONNEL ACTION   |  |   |                                |  |  |  |  |   |  | DATE PREPARED<br>8 Oct 1968 |  |
|--|--|---|--------------------------------|--|--|--|--|---|--|-----------------------------|--|
| 1. SERIAL NUMBER<br><b>010022</b>  |  | 2. NAME (Last-First-Middle)<br><b>WOODS, JAMES S.</b>       |                                |  |  |  |  |   |  |                             |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>   |  |   |                                | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>11 15 68</b>       |  | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>                          |  |   |  |                             |  |
| 6. FUNDS<br>V TO V<br>C TO V<br><b>XX</b>  |  | 7. FINANCIAL ANALYSIS NO. CHARGEABLE<br><b>9136 1214</b>    |                                | 8. LEGAL AUTHORITY (Completed by Office of Personnel)                  |  |  |  |   |  |                             |  |
| 9. ORGANIZATIONAL DESIGNATION<br><b>DIP/EUR FOREIGN FIELD<br/>BRITISH COMMONWEALTH REGION<br/>LONDON STATION<br/>SUPPORT BRANCH<br/>REGISTRY SECTION</b>   |  |   |                                | 10. LOCATION OF OFFICIAL STATION<br><b>LONDON, ENGLAND</b>             |  |  |  |   |  |                             |  |
| 11. POSITION TITLE<br><b>RECORDS ADM OF (09)</b>   |  |   |                                | 12. POSITION NUMBER<br><b>0254</b>                                     |  | 13. CAREER SERVICE DESIGNATION<br><b>D</b>                           |  |   |  |                             |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>  |  | 15. OCCUPATIONAL SERIES<br><b>0344.01</b>                   |                                | 16. GRADE AND STEP<br><b>10 6</b>                                      |  | 17. SALARY OR RATE<br><b>\$ 10,847</b>                               |  |   |  |                             |  |
| 18. REMARKS<br><p>CONCUR: <span style="border: 1px solid black; padding: 2px;">FE/Pers</span><br/> By Phone<br/> 25% Attached</p> <p style="text-align: right;"><i>PRA 20-FI-D(1/2) (B)<br/>NIE 2YK<br/>via Imogene King</i></p> |  |   |                                |  |  |  |  |   |  |                             |  |
| 19A. SIGNATURE OF REQUESTING OFFICIAL<br><i>Willford C. Taylor</i><br><b>WILLFORD C. TAYLOR, C/E/Pers</b>  |  |   | DATE SIGNED<br><b>7 Oct 68</b> |  | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>Robert M. White</i> |  |  | DATE SIGNED<br><b>28 Oct 1968</b>                                       |  |                             |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |                                |  |  |  |  |   |  |                             |  |
| 20. ACTION CODE<br><b>37 10</b>  |  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br><b>44525 EUR</b> |                                | 22. STATION CODE<br><b>21025</b>                                       |  | 23. INTEREST CODE<br><b>3</b>  |  | 24. DATE OF BIRTH<br>MO. DA. YR.<br><b>62 12 28</b>                     |  |                             |  |
| 25. DATE OF GRADE<br>MO. DA. YR.<br><b>11 03 70</b>  |  | 26. SPECIAL REFERENCE<br><b>53</b>                          |                                | 27. RETIREMENT DATA<br>1-YES<br>2-NO<br>3-PLA<br>4-NONE<br><b>53</b>   |  | 28. SEPARATION DATA CODE<br><b>3</b>                                 |  | 29. CORRECTION/CANCELLATION DATA<br>MO. DA. YR.<br><b>EOD DATA</b>      |  |                             |  |
| 30. YES PRESENT<br>CODE<br>1-YES<br>2-NO<br><b>1-YES</b>   |  | 31. SERV. COMP. DATE<br>MO. DA. YR.<br><b>11 03 70</b>      |                                | 32. LONG COMP. DATE<br>MO. DA. YR.<br><b>11 03 70</b>                  |  | 33. CAREER CATEGORY<br>CAR. ESH<br>PROV. TEMP<br><b>1-YES</b>        |  | 34. FEGLI/HEALTH INSURANCE<br>CODE<br>0-WAIVER<br>1-YES<br><b>1-YES</b> |  |                             |  |
| 35. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>1-NO PREVIOUS SERVICE<br>2-LESS THAN 10 YEARS<br>3-10 TO 20 YEARS<br>4-MORE THAN 20 YEARS<br><b>1-NO PREVIOUS SERVICE</b>  |  | 36. LEAVE CAT. CODE<br><b>1-YES</b>                         |                                | 37. FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO<br><b>1-YES</b> |  | 38. STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO<br><b>1-YES</b> |  | 39. STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO<br><b>1-YES</b>    |  |                             |  |
| 40. POSITION CONTROL CERTIFICATION<br><b>10 28 68</b>  |  |   |                                | 41. OFF. APPROVAL<br><i>James S. Woods</i>                             |  | 42. DATE APPROVED<br><b>10 28 68</b>                                 |  |   |  |                             |  |

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SAR

SECRET

(If Not Filled In)

| REQUEST FOR PERSONNEL ACTION  |  |                       |                                    |                           |   |   |                                     |  |  | DATE PREPARED                                |  |
|---|--|-----------------------|------------------------------------|---------------------------|---|---|-------------------------------------|--|--|--|--|
| 1. SERIAL NUMBER<br>010032  |  |                       |                                    |                           |   |   |                                     |  |  | 2. NAME (Last-First-Middle)<br>WOODS JAMES S |  |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION  |  |                       |                                    |                           | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>07 28 68 |   |                                     | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                   |  |  |  |
| 6. FUNDS  |  | V TO V<br>C TO V      |                                    | V TO C<br>C TO C          |   | 7. FINANCIAL ANALYSIS NO.<br>CHARGEABLE<br>9137 1487                  |                                     | 8. LEGAL AUTHORITY (Completed by Officer of Personnel) |  |  |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DEP/FE FOREIGN FIELD<br>FE/VSO - VIET NAM STATION<br>INTELLIGENCE DIVISION<br>COLLATION BRANCH<br>CURRENT INTELLIGENCE SECTION<br>BIOGRAPHIC UNIT |  |                       |                                    |                           | 10. LOCATION OF OFFICIAL STATION<br>SAIGON, South Vietnam |   |                                     |  |  |  |  |
| 11. RECORDS ADMIN OF<br>D 11  |  |                       |                                    |                           | 12. POSITION NUMBER<br>4984                               |   | 13. CAREER SERVICE DESIGNATION<br>D |  |  |  |  |
| 14. CLASSIFICATION SYMBOL (G, I, D, etc.)<br>OS   |  |                       | 15. OCCUPATIONAL SERIES<br>0344.01 |                           | 16. GRADE AND STEP<br>10 6                                |   | 17. SALARY OR RATE<br>\$ 10847      |  |  |  |  |
| 18. REMARKS<br>RECORDS ADMIN OFFICER OCCUPYING IO GENERAL POSITION.   |  |                       |                                    |                           |   |   |                                     |  |  |  |  |
| 19A. [Redacted]   |  |                       |                                    | DATE SIGNED<br>23 July 68 |   | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>Robert M. White |                                     |  |  | DATE SIGNED<br>21                            |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                       |                                    |                           |   |   |                                     |  |  |  |  |
| 19. ACTION CODE<br>22 10  |  | 20. EMPLOY CODE<br>FE |                                    | 21. POSITION CODE<br>7705 |   | 22. HOURS CODE<br>3   |                                     | 23. DATE OF BIRTH<br>MO DA YR<br>02 20 28              |  | 24. DATE OF GRADE<br>MO DA YR<br>1 1 68      |  |
| 25. DATE OF LEI<br>MO DA YR   |  | 26. SPECIAL REFERENCE |                                    | 27. RETIREMENT DATA       |   | 28. SEPARATION DATA CODE  |                                     | 29. CORRECTION CANCELLATION DATA                       |  | 30. SECURITY REG NO                          |  |
| 31. VET PREFERENCE  |  | 32. SERV COMP DATE    |                                    | 33. LOAN COMP DATE        |   | 34. CAREER CATEGORY   |                                     | 35. LEGAL HEALTH INSURANCE                             |  | 36. SOCIAL SECURITY NO                       |  |
| 37. PERIODS CIVILIAN GOVERNMENT SERVICE   |  | 38. LEAVE LAF CODE    |                                    | 39. FEDERAL TAX DATA      |   | 40. STATE TAX DATA  |                                     | 41. SOCIAL SECURITY NO                                 |  | 42. STATE TAX DATA                           |  |
| 43. POSITION CONTROL CERTIFICATION  |  | 44. OF APPROVAL       |                                    | 45. DATE APPROVED         |   | 46. OF APPROVAL   |                                     | 47. DATE APPROVED                                      |  | 48. OF APPROVAL                              |  |

FORM 1152 1-67 PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |                                   |   |   | DATE PREPARED<br>17 NOVEMBER                        |   |
|---|-----------------------------------|---|---|---|---|
| 1. SERIAL NUMBER<br>010032  |                                   | 2. NAME (Last-First-Middle)<br>WOODS, JAMES S.  |   |   |   |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT   |                                   |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH: 12 DAY: 16 YEAR: 66 |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                  |
| 6. FUNDS<br>V TO V<br>O TO V<br>X O TO O  |                                   |   | 7. FINANCIAL ANALYSIS<br>NO. CHARGEABLE<br>7137-1487      |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/FE/FOREIGN FIELD<br>FE/VNC - VIETNAM STATION<br><br>EXECUTIVE OFFICE<br>REGISTRY SECTION  |                                   |   | 10. LOCATION OF OFFICIAL STATION<br>EAIGON, SOUTH VIETNAM |   |   |
| 11. POSITION TITLE<br>RECORDS ADMIN OF GS-11 (11)   |                                   |   | 12. POSITION NUMBER<br>4127                               |   | 13. CAREER SERVICE DESIGNATION<br>D                   |
| 14. CLASSIFICATION SCHEDULE (G.S. I.A. OR J.)<br>GS   |                                   | 15. OCCUPATIONAL SERIES<br>0344.01  |   | 16. GRADE AND STEP<br>09/A 7                        |   |
| 17. SALARY OR RATE<br>\$ 9001-9262 ✓  |                                   | 18. REMARKS<br>FROM: JKO/TOKYO STATION/OFFICE OF THE CHIEF/<br>CENTRAL REGISTRY AND RECORDS SECTION |   |   |   |
| 19. DATE SIGNED<br>22 Dec 66  |                                   | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>J. Herbert                                     |   | 21. DATE SIGNED<br>20 Dec 66                        |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                   |   |   |   |   |
| 22. ACTION CODE<br>34   | 23. EMPLOY CODE<br>10             | 24. OFFICE CODING<br>NUMERIC: 45500<br>ALPHABETIC: FE   | 25. STATION CODE<br>77265                                 | 26. INTEREST CODE<br>5                              | 27. DATE OF BIRTH<br>MO: 02 DA: 20 YR: 28             |
| 28. DATE OF DEATH<br>MO: DA: YR:  | 29. SPECIAL PREFERENCE            | 30. DEPENDENT DATA<br>1-EX<br>2-PA<br>3-None  | 31. SEPARATION DATA CODE<br>TYPE                          | 32. COMPLETION CANCELLATION DATA<br>MO: DA: YR:     | 33. SECURITY REQ. NO.                                 |
| 34. VET PREFERENCE<br>CODE: 0-NONE<br>1-1 PT<br>2-10 PT   | 35. SERV COMP DATE<br>MO: DA: YR: | 36. LONG COMP DATE<br>MO: DA: YR:   | 37. CAREER CATEGORY<br>CODE: 1-MS<br>2-MS                 | 38. FEEL: HEALTH INSURANCE<br>CODE: 0-BASIC<br>1-MS | 39. SOCIAL SECURITY NO.                               |
| 40. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE: 0-NONE<br>1-BEFORE IN SERVICE<br>2-BEFORE IN SERVICE (LESS THAN 3 YEARS)<br>3-BEFORE IN SERVICE (MORE THAN 3 YEARS) |                                   | 41. STATE CAT<br>CODE   | 42. FEDERAL TAX DATA<br>CODE: 1-YES<br>2-NO               |   | 43. STATE TAX DATA<br>CODE: 1-YES<br>2-NO             |
| 44. POSITION CONTROL CERTIFICATION<br>170766N   |                                   |   | 45. DATE APPROVED<br>14/1/66                              |   |   |

152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

(15)

SECRET

(When filled in)

F-14

| REQUEST FOR PERSONNEL ACTION   |  |  |   | DATE PREPARED   |  |
|--|--|--|---|---|--|
| 1. SERIAL NUMBER<br>010032   |  |  |   | 18 Nov 66   |  |
| 2. NAME (Last-First-Middle)<br>WOOLLS, JAMES S.  |  |  |   |   |  |
| 3. NATURE OF PERSONNEL ACTION<br>DESIGNATION AS A PARTICIPANT IN THE<br>CIA RETIREMENT AND DISABILITY SYSTEM |  |  |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>12 18 66   |  |
| 5. CATEGORY OF EMPLOYMENT<br>REGULAR   |  |  |   | 6. LEGAL AUTHORITY (Completed by Office of Personnel)<br>PL 88-643 Sect. 203  |  |
| 7. FINANCIAL ANALYSIS<br>NO CHARGEABLE   |  | 8. FUND  |   | 9. ORGANIZATIONAL DESIGNATION   |  |
| 10. LOCATION OF OFFICIAL STATION<br>TOKYO, JAPAN   |  | 11. POSITION TITLE                                   |   | 12. POSITION NUMBER   |  |
| 13. CAREER SERVICE DESIGNATION<br>D  |  | 14. CLASSIFICATION SCHEDULE (GS, E.B., etc.)         |   | 15. OCCUPATIONAL SERIES   |  |
| 16. GRADE AND STEP<br>9  |  | 17. SALARY OF RATE<br>5                              |   | 18. REMARKS<br>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE. |  |
| 19A. SIGNATURE OF REQUESTING OFFICIAL  |  | DATE SIGNED  |   | 19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  |  |
| DATE SIGNED  |  |  |   |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |  |   |   |  |
| 19. ACTION CODE  | 20. EMPLOY CODE  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC              | 22. STATION CODE  | 23. INTEGRITY CODE  | 24. RIGHTS CODE                                  |
| 25. DATE OF BIRTH<br>MO DA YR  | 26. DATE OF GRADE<br>MO DA YR                              | 27. DATE OF LST<br>MO DA YR                          | 28. SEC. EXPRES.<br>MO DA YR                                    | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA<br>1-CSE<br>2-TECH<br>3-NONE |
| 31. SEPARATION DATA CODE   | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR          | 33. SECURITY RIG NO                                  | 34. SEX   | 35. VET PREFERENCE<br>CODE 0-NONE<br>1-5 PT<br>2-10 PT  | 36. MEN COMP DATE<br>MO DA YR                    |
| 37. LONG COMP DATE<br>MO DA YR   | 38. CAREER CATEGORY<br>CODE 1-115<br>PROG. TEMP            | 39. FEELI HEALTH INSURANCE<br>CODE 0-WAIVER<br>1-YES | 40. SOCIAL SECURITY NO  | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0-NO<br>1-NO<br>2-YES<br>3-YES (1-115) (1-115) (1-115)<br>4-YES (1-115) (1-115) (1-115)                          | 42. LEAVE EXT CODE                               |
| 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS   | 44. STATE TAX DATA<br>FORM EXCLUDED CODE NO TAX EXEMPTIONS | 45. POSITION CONTROL CERTIFICATION<br>11-21-66 N     | 46. OP APPROVAL<br>See memo signed by<br>D/Pers dated 16 NOV 66 | DATE APPROVED   |  |

5 January 1966

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion  
of Mr. James S. Woods  
from GS-09 to GS-10

1. It is strongly recommended that Mr. James S. Woods be promoted from GS-09 to GS-10. Mr. Woods entered on duty with the Agency in April 1962 as a GS-09 Records and File Clerk assigned to RFD. Since that time Mr. Woods has served as a Receiver Analyst at Headquarters, [redacted] Manila, and since 1981 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade GS-09 since 1958. He was previously recommended for promotion to GS-10 in November 1964 and June 1965.

2. In the promotion recommendation for the Tokyo Station, 9 November 1964, the Director commented on Mr. Woods as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Station Registry. This unit is located at Jinson Air Station and handles all correspondence for all Station elements. In view of the fact that the Station is located in a different geographic location, a great deal of responsibility is given to Mr. Woods to insure that all correspondence is received, rapidly and properly processed, dispatched and properly routed and prepared. Correspondence from other local military commands is correctly analyzed and routed. The day-a-day editing system is functioning effectively, and the Chief Typewriter is rapidly turning out priority dispatches.

"B. The Registry is presently composed of six employees in addition to Mr. Woods as Chief of this unit. Mr. Woods does an exemplary job of supervising these employees with the result that the Registry is a well-oiled unit.

Not Approved  
3/1/66

Group 1  
Excluded from automatic  
downgrading and  
declassification

SECRET

"C. In addition to his normal duties, Mr. Woods is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

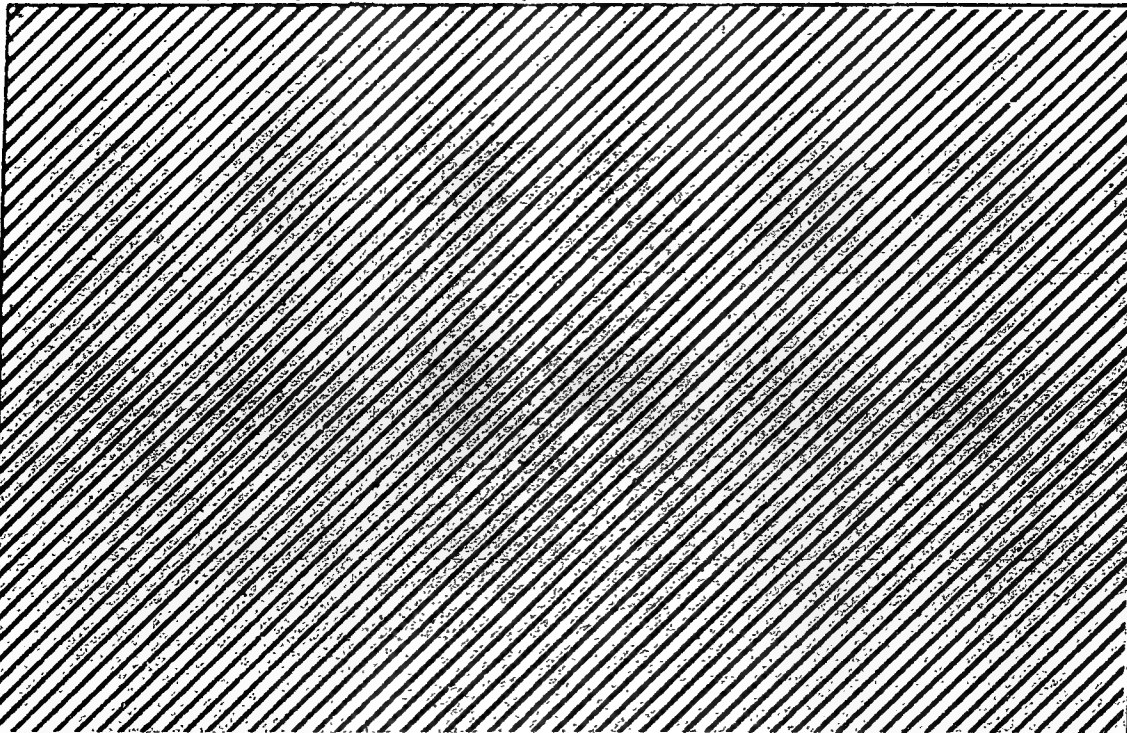

"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity.

"E. Mr. Woods has continued to perform in an ever-all "go-getter" manner as evidenced in his recent "Special Report". He recently planned and effectively implemented the move of the State Secretariat from one location to another. In a dispatch, dated 22 November, 1965, the present Chief of Station, Tokyo, stated "There is little need to add to my predecessor's recommendation dated 9 November 1964, for promotion of Mr. Woods. He is performing all his duties as Chief of the Tokyo Station Registry with a thoroughness and dispatch. He is a strong supervisor who has increased the efficiency of the Registry and the work of his personnel and materials."

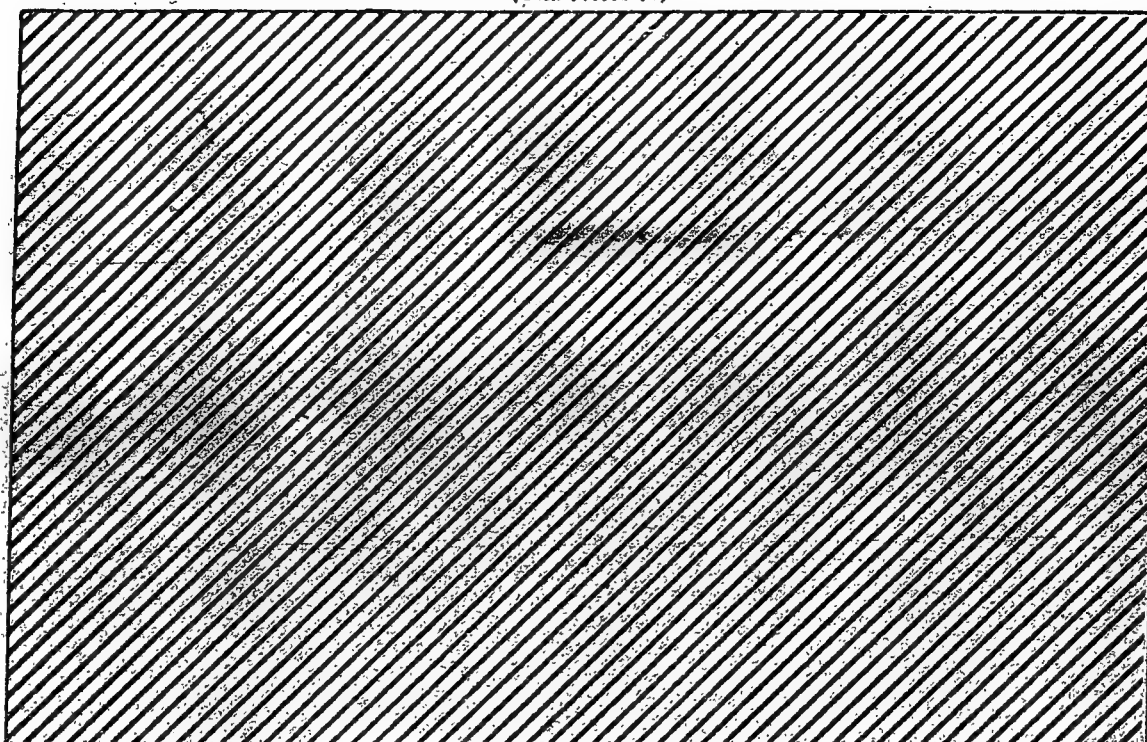
"F. The Agency Chief of Station, Tokyo, recommended that a promotion of Mr. Woods be promoted from GS-09 to GS-10. The Agency Chief of Station, Tokyo, recommended that Mr. Woods be promoted from GS-09 to GS-10 at the

Terry T. Shima  
for Richard G. Davis  
Chief, REG/REG

SECRET  
(When Filled In)

|   |   |              |
|---|---|--------------|
|    |   |              |
|   |   |              |
| NAME OF EMPLOYEE (Last-First-Middle)  | NAME AND RELATIONSHIP OF DEPENDENT*   | CLAIM NUMBER |
| Woods, James S.   | Louise A. - wife  | 66-502       |
| <p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>26 October 1965</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p> |   |              |
| DATE OF NOTICE<br>17 DEC 1965   | SIGNATURE OF BSD REPRESENTATIVE<br> |              |
| NOTICE OF OFFICIAL DISABILITY CLAIM FILE  |   |              |

SECRET  
(When Filled In)



|   |   |                        |
|---|---|------------------------|
| NAME OF EMPLOYEE (Last-First-Middle)<br>Woods, James S. | NAME AND RELATIONSHIP OF DEPENDENT*<br>Wife - Louise A. | CLAIM NUMBER<br>66-148 |
|---|---|------------------------|

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 26 June 1965.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

|                               |  |
|-------------------------------|--|
| DATE OF NOTICE<br>17 AUG 1965 | SIGNATURE OF BSD REPRESENTATIVE<br><i>B. DeTelle</i> |
|-------------------------------|--|

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

**SECRET**  
(When Filled In)

|  |                                    |   |  |   |  |
|--|------------------------------------|---|--|---|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>  |                                    |   |  | DATE PREPARED<br><b>10 Feb 1961</b>                   |  |
| 1. SERIAL NUMBER<br><b>110032</b>  |                                    | 2. NAME (Last-First-Middle)<br><b>WOODS, James S.</b> |  |   |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>Reassignment and Transfer to Confidential funds 03 19 61</b>   |                                    |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>03 19 61</b> |   | 5. CATEGORY OF EMPLOYMENT<br><b>Regular</b>      |
| 6. FUNDS<br>   | V TO V<br><input type="checkbox"/> | X V TO CF<br><input checked="" type="checkbox"/>      | 7. COST CENTER NO. CHARGEABLE<br><b>1137-7351-1000</b>           | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/FE<br/>FE/JAO Tokyo Station<br/>Office of the Chief<br/>Central Registry and Records Section</b>  |                                    |   | 10. LOCATION OF OFFICIAL STATION<br><b>Tokyo, Japan</b>          |   |  |
| 11. POSITION TITLE<br><b>Intel Analyst - Gen</b>   |                                    | 12. POSITION NUMBER<br><b>12-D 3061</b>               |  | 12A. PCR CONTROL NO.                                  | 13. CAREER SERVICE DESIGNATION<br><b>D</b>       |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br><b>GS</b>  |                                    | 15. OCCUPATIONAL SERIES<br><b>0132.36</b>             |  | 17. SALARY OR RATE<br><b>6765</b>                     |  |
| 16. REMARKS<br><p><b>FROM: FE/Office of the Chief/2461 Tray 1</b><br/> <b>lcc - Security</b></p> <p><b>Form 259 forwarded to Medical Staff</b><br/> <b>Departure Date: 31 March 1961</b><br/> <b>FE/CMC Approved</b></p> <p align="right"><i>Security App. 2/16/61</i><br/> <i>Mr 3/4/61</i></p> |                                    |   |  |   |  |
| 19. SIGNATURE OF PERSONNEL OFFICIAL<br><br><b>ROBERT D. CASHMAN, CFE PERSONNEL</b>   |                                    |   | 20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>            |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                    |   |  |   |  |
| 21. ACTION CODE<br><b>11</b>   | 22. EMPLOY CODE<br><b>11</b>       | 23. OFFICE CODE<br>NUMERIC<br><b>5130</b>             | 24. STATION CODE<br>ALPHABETIC<br><b>11C</b>                     | 25. INTERVIEW CODE<br><b>3</b>                        | 26. DATE OF BIRTH<br>MO DA YR<br><b>02 20 28</b> |
| 27. DATE OF LEI<br>MO DA YR  |                                    | 28. DATE OF LEAD<br>MO DA YR                          |  | 29. DATE OF LEI<br>MO DA YR                           |  |
| 30. DATE EXPIRES<br>MO DA YR   |                                    | 31. SECURITY REF. NO.                                 |  | 32. SECURITY NO.                                      |  |
| 33. NET. PREFERENCE<br>CODE 0 = NONE<br>1 = 5 PT.<br>2 = 10 PT.  |                                    | 34. SEC. COMP. DATE<br>MO DA YR                       |  | 35. MIL. SER. COMP. DATE<br>MO DA YR                  |  |
| 36. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 = NO PREVIOUS SERVICE<br>1 = NO BREAK IN SERVICE<br>2 = BREAK IN SERVICE LESS THAN 12 MONTHS<br>3 = BREAK IN SERVICE MORE THAN 12 MONTHS  |                                    | 37. MIL. SER. COMP. DATE<br>MO DA YR                  |  | 38. MIL. SER. COMP. DATE<br>MO DA YR                  |  |
| 39. MIL. SER. COMP. DATE<br>MO DA YR   |                                    | 40. MIL. SER. COMP. DATE<br>MO DA YR                  |  | 41. MIL. SER. COMP. DATE<br>MO DA YR                  |  |
| 42. MIL. SER. COMP. DATE<br>MO DA YR   |                                    | 43. MIL. SER. COMP. DATE<br>MO DA YR                  |  | 44. MIL. SER. COMP. DATE<br>MO DA YR                  |  |
| 45. POSITION CONTROL CERTIFICATION<br><b>Kearney 03/13/61</b>  |                                    | 46. O.P. APPROVAL<br>                                 |  |   |  |

S-E-C-R-E-T


MEMORANDUM FOR: James S. Woods

VIA : Chief, FE

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 16 December 1958, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

  
WENDELL E. LITTLE  
DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T



SECRET

## REQUEST FOR PERSONNEL ACTION

|               |  |                             |  |                                 |  |                    |  |               |  |             |  |
|---------------|--|-----------------------------|--|---------------------------------|--|--------------------|--|---------------|--|-------------|--|
| 1. Serial No. |  | 2. Name (Last-First-Middle) |  | 3. Date Of Birth                |  | 4. Vet. Prof.      |  | 5. Sex        |  | 6. CS - EOD |  |
| 510032        |  | WOODS JAMES S               |  | Mo. Da. Yr.                     |  | None-0 Code        |  | M 1           |  | Mo. Da. Yr. |  |
| 02 20 28      |  |                             |  | 5 Pt-1<br>10 Pt-2               |  | 1                  |  |               |  | 04 21 52    |  |
| 7. SCB        |  | 8. CSC Name                 |  | 9. CSC Or Other Legal Authority |  | 10. Apmt. Affidav. |  | 11. FEGLI     |  | 12. LCD     |  |
| Mo. Da. Yr.   |  | Yes-1<br>No-2               |  | Code                            |  | Mo. Da. Yr.        |  | Yes-1<br>No-2 |  | Code        |  |
| 11 12 48      |  | 1                           |  | 50 USCA 403 d                   |  |                    |  | 04 21 52      |  | 2           |  |

## PREVIOUS ASSIGNMENT

|  |  |                    |  |                                  |  |              |  |
|--|--|--------------------|--|----------------------------------|--|--------------|--|
| 14. Organizational Designations                        |  | Code               |  | 15. Location Of Official Station |  | Station Code |  |
| DDP FE<br>FE/PSM PHILIPPINES STATION<br>SUPPORT BRANCH |  | 5161               |  | MANILA, P.P.                     |  | 57557        |  |
| 16. Dept. - Field                                      |  | 17. Position Title |  | 18. Position No.                 |  | 19. Serv.    |  |
| Dept. -<br>USIA -<br>Frign. -                          |  | 5 RECDs MGMT ANAL  |  | 3382                             |  | GS           |  |
| 20. Occup. Series                                      |  | 21. Grade & Step   |  | 22. Salary Or Rate               |  | 23. SD       |  |
| 0306.01  |  | 09 1               |  | \$ 5985                          |  | 01           |  |
| 24. Date Of Grade                                      |  | 25. PSI Due        |  | 26. Appropriation Number         |  |              |  |
| Mo. Da. Yr.  |  | Mo. Da. Yr.        |  | 9 3780 55 006                    |  | sh           |  |
| 11 16 58   |  | 11 15 59           |  |                                  |  |              |  |

## ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| Reassignment         |  | 01   |  | Mo. Da. Yr.   |  | Regular              |  | 01   |  |                     |  |
| 3 22 59              |  |      |  |               |  |                      |  |      |  |                     |  |

## PRESENT ASSIGNMENT

|  |  |                    |  |                                  |  |              |  |
|--|--|--------------------|--|----------------------------------|--|--------------|--|
| 31. Organizational Designations              |  | Code               |  | 32. Location Of Official Station |  | Station Code |  |
| DDP/FE<br>Office of the Chief<br>Secretariat |  | 5112               |  | Washington, D. C.                |  | 25013        |  |
| 33. Dept. - Field                            |  | 34. Position Title |  | 35. Position No.                 |  | 36. Serv.    |  |
| Dept. -<br>CIA -<br>Frign. -                 |  | RECORDS MGMT OF    |  | 2461 58-11                       |  |              |  |
| 37. Occup. Series                            |  | 38. Grade & Step   |  | 39. Salary Or Rate               |  | 40. SD       |  |
|  |  |                    |  |                                  |  |              |  |
| 41. Date Of Grade                            |  | 42. PSI Due        |  | 43. Appropriation Number         |  |              |  |
| Mo. Da. Yr.                                  |  | Mo. Da. Yr.        |  | 9 3700 20 001                    |  | sh           |  |
| 11 16 58                                     |  | 11 15 59           |  |                                  |  |              |  |

## SOURCE OF REQUEST

|   |           |  |                |
|---|-----------|--|----------------|
| A. Requesting Officer (Name & Telephone Ext.)                               |           | B. Request Approved By (Signature And Title) |                |
| Mozelle Little X2957  |           | M. L. Shobe, CFE/Personnel                   |                |
| CLEARANCES  |           |  |                |
| Clearance   | Signature | Date   | Clearance      |
| A. Career Board   |           | 3-16-59                                      | D. Placement   |
| B. Pos. Control   |           |  | E.             |
| C. Classification   |           |  | F. Approved By |
| Remarks   |           |  |                |
| please transfer from Unvouchered to Vouchered funds<br>2 Copies to Security |           |  |                |

SECRET



00000

*Stinberg*  
COPY

AIR

1024-A-9355  
(50-1-5)

Chief, WH Division  
ATTN : Chief, RI  
Chief of Station, Mexico City

31 January 1958

Administrative

EDY Service - RI Team

ACTION REQUIRED: Routing copies to Personnel files of employees concerned

1. [redacted] James S.  
WOODS, [redacted]

wishes to make it a matter of record that the RI employees listed above served efficiently and well and were a fine addition to this station during their service here.

2. Mexico City Station wishes to acknowledge at this time, not only the exemplary service rendered by these employees but also the splendid support that RI Division has given to this station.

3. The RI employees named in paragraph 1 worked hard (expending many hours more than the forty normal work hours each week) and efficiently on Mexico City Station files. In addition, they were congenial, friendly and a pleasure to have in the Station.

WINSTON SCOTT

ACW/cps

29 January 1958

Distribution:

8 - Hqs.  
2 - Files

| STANDARD FORM 52<br>PROCESSED BY THE<br>U. S. CIVIL SERVICE COMMISSION<br>WASHINGTON - FEDERAL PERSONNEL<br>MANUAL CHAPTER IV   |  | UNVOUCHERED  |  |
|---|--|--|--|
| REQUEST FOR PERSONNEL ACTION  |  |  |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse.   |  |  |  |
| 1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)  |  | 2. DATE OF BIRTH   |  |
| MR. James S. Woods  |  | 20 Feb. 1928   |  |
| 3. REQUEST NO.  |  | 4. DATE OF REQUEST   |  |
|   |  | 5 July 1957  |  |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Reassignment - transfer to funds   |  | 6. EFFECTIVE DATE<br>A. PROPOSED<br>3/1/57<br>B. APPROVED<br>5 Sept 57   |  |
| 7. C. S. OR OTHER<br>LEGAL AUTHORITY  |  |  |  |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |  |  |  |
| FROM: Intel Analyst BV-430.12<br>GS-0132.35-7 4793 \$4,600.00 p/a<br>DDP/PI<br>Records Integration Division<br>Analysis & Operations Branch<br>Analysis Section<br>Washington, D.C.   |  | TO: Intel Analyst BFF-3382<br>Records Analyst 4793<br>GS-0132.35-7 \$4,600.00 p/a<br>DDP/FE GS-0136.01-7<br>Branch 3 - Philippines Station<br>Administrative Section<br>Manila, R.P. |  |
| 9. POSITION TITLE AND NUMBER  |  | 10. SERVICE GRADE AND SALARY   |  |
| 11. ORGANIZATIONAL DESIGNATIONS<br>3761   |  | 12. HEADQUARTERS   |  |
| 13. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |  | 14. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |  |
| A. REMARKS (Use reverse if necessary)<br>* Memo dtd 18 June 1957 to Mgm staff via SSA/DD/S requesting that three RI Positions (1 GS-9 and 2 GS-7n - Record Analyst) be established on the Manila T/O. Woods to be plotted against the GS-9 slot.<br>Please call FE/PT/III x 4009 for effective date.<br>2 copies to Security.<br>Ronald Sage, FE/PT/III OFFICER<br>Name and telephone extension x 2957<br>15. VETERAN PREFERENCE<br>NONE WWII OTHER S.P.T. 10 POINT<br>DISAB. OTHER<br>X<br>16. APPROPRIATION<br>FROM 8-2309-23<br>TO: 8-3780-55-006<br>17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br>YES<br>18. DATE OF APPOINTMENT AFFIDAVIT (ADDITIONAL ONLY)<br>19. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:<br>20. STANDARD FORM 50 REMARKS<br>Do C. 04.10.55.<br>PSI - 04.06.58<br>21. CLEARANCES<br>A.<br>B. CEN. OR POS. CONTROL<br>C. CLASSIFICATION<br>D. PLACEMENT OR ENPL.<br>E.<br>F. APPROVED BY<br>10-4, Ddt to be forwarded to, payrol<br>16 August 57 |  |  |  |

|   |   |   |  |
|---|---|---|--|
| STANDARD FORM 52<br>PREPARED BY THE<br>U. S. GOVERNMENT PRINTING OFFICE<br>WASHINGTON, D. C. 20540  |   | VOUCHERED   |  |
| REQUEST FOR PERSONNEL ACTION  |   |   |  |
| REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse.   |   |   |  |
| 1. NAME (Mr., Miss, Mrs., One from name, initial(s), and surname)   | 2. DATE OF BIRTH  | 3. REQUEST NO.  | 4. DATE OF REQUEST   |
| Mr. James S. Woods  | 20 Feb 1928   |   | 15 Aug 1956  |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Reassignment   |   | 6. EFFECTIVE DATE<br>A. PROPOSED:   | 7. C. S. OR OTHER<br>LEGAL AUTHORITY   |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |   | D. APPROVED:  |  |
| FROM—<br>BV-430.02  | 9. POSITION TITLE AND NUMBER<br>10. SERVICE, GRADE, AND SALARY<br>11. ORGANIZATIONAL DESIGNATIONS<br>12. HEADQUARTERS | TO—<br>Intel Analyst BV-430.12<br>GS-0132.35-7 \$4660.00 pa<br>DDP/PI<br>Records Integration Division<br>Analysis & Operations Branch<br>Analysis Section<br>Washington, D.C. |  |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL                                       |   |  |
| A. REMARKS (Use reverse if necessary)<br>Slot BV-430.02 was used for slotting purposes only--this action will eliminate double slotting.  |   |   |  |
| B. REQUESTED BY (Name and title)<br>John M. Scott, Chief, RIG   |   | D. REQUEST APPROVED BY<br>Ch. M. [Signature], RIG   |  |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br>Ruth Robinson, Ext. 2519   |   | Signatures<br>Titles  |  |
| 13. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/><br>GRAS <input type="checkbox"/> OTHER <input type="checkbox"/> |   | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> L. A. <input type="checkbox"/> REAL <input type="checkbox"/><br>SD: DI       |  |
| 15. SEX<br>M  | 16. APPROPRIATION<br>FROM: 7-2309-23<br>TO: 6600  | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br>Yes   | 18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)<br>19. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |
| 20. STANDARD FORM 50 REMARKS<br>APPROVED BY<br>FI CAREER SERVICE BOARD<br>DATE 16 Aug 56  |   |   |  |
| 21. CLEARANCES  | INITIAL OR SIGNATURE  | DATE  | REMARKS  |
| A.  |   |   |  |
| B. CEIL OR POS CONTROL  | LP  | 7/18/56   |  |
| C. CLASSIFICATION   |   |   |  |
| D. PLACEMENT OR EXPL.   | [Signature]   | 17 Aug 56   |  |
| E.  |   |   |  |
| F. APPROVED BY<br>[Signature] by [Signature] C. Little, 17 Aug 56   |   |   |  |

STANDARD FORM 52

FORM 52, 1-54  
U. S. GOVERNMENT PRINTING OFFICE  
16-50801-1  
GPO : 1954 O - 358-000

UNVOUCHERED TO VOUCHERED

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|  |                  |                                   |                                     |
|--|------------------|-----------------------------------|-------------------------------------|
| 1. NAME (Mr - Miss - Mrs - One given name, initials, and surname)  | 2. DATE OF BIRTH | 3. REQUEST NO.                    | 4. DATE OF REQUEST                  |
| Mr. James S. Woods   | 20 Feb 1928      |                                   | 14 June 1956                        |
| 5. NATURE OF ACTION REQUESTED<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Reassignment |                  | 6. EFFECTIVE DATE<br>A. PROPOSED: | 7. C.S. OR OTHER<br>LEGAL AUTHORITY |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |                  | B. APPROVED:                      |                                     |

|   |                         |  |  |
|---|-------------------------|--|--|
| FROM—<br>IO-CI<br>08-0136.53-7<br>DDP/FE<br>Branch 1 -<br>Records Integration Branch<br>Personality Files Section | BFF 583.05<br>\$4660.00 | 9. POSITION TITLE AND<br>NUMBER<br>Intel Analyst<br>GS-0136.53-7<br>DDP/FE<br>Records Integration Division<br>Analysis & Operations Branch<br>Analysis Section<br>Washington, D.C. | TO—<br>BV-430.02<br>\$4660.00 pa<br>DDP/FE |
| 10. FIELD OR DEPARTMENTAL<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL      |                         | 11. FIELD OR DEPARTMENTAL<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |  |

A. REMARKS (Use reverse if necessary)

Transfer from Unvouchered to Vouchered Funds.

Vice [redacted] transferring to [redacted] EE.

Copies of this action have been submitted to Payroll and Security offices.

CONCUR:

B. REQUESTED BY (Name and title)

John M. Scott, Chief, RI

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

Ext. 2510

D. REQUEST APPROVED BY

Signature:

Title:

13. VETERAN PREFERENCE

|      |      |       |      |             |
|------|------|-------|------|-------------|
| NONE | WWII | OTHER | 5 PT | 15 POINT    |
|      |      |       |      | DISAB OTHER |
|      |      |       | X    |             |

14. POSITION CLASSIFICATION ACTION

|     |      |     |      |
|-----|------|-----|------|
| NEW | VICE | 1 A | REAL |
|     |      |     |      |

SD: DI

15. SEX  
M16. APPROPRIATION  
FROM: 6-2740-55-096  
TO: 6-2309-2317. SUBJECT TO C.S.  
RETIREMENT ACT  
(YES-NO)  
Yes18. DATE OF APPOINT-  
MENT AFFIDAVITS  
(ACCESSIONS ONLY)

19. LEGAL RESIDENCE

☐ CLAIMED ☐ PROVED

STATE: DC

20. STANDARD FORM 50 REMARKS

RECEIVED  
26 June 56  
21 June 56  
26/27/56  
C. M. Scott  
21 June 56  
26/27/56  
W. J. Smith  
21 June 56  
26/27/56

|                        |                      |      |         |
|------------------------|----------------------|------|---------|
| 21. CLEARANCES         | INITIAL OR SIGNATURE | DATE | REMARKS |
| A.                     |                      |      |         |
| B. CEIL OR FOS CONTROL |                      |      |         |
| C. CLASSIFICATION      |                      |      |         |
| D. PLACEMENT OR EMPL.  |                      |      |         |
| E.                     |                      |      |         |

APPROVED BY

Robert A. Smith  
SECRET  
10-2

SECRET

Name: WOODS, James S.

Date: 15 June 1956

CS Designation: DI

Nature of Action: Reassignment

FROMTO

Pos. Title: I. O. (CI)

Intel Analyst

Grade: GS-7

GS-7

Division: DDP/FE

DDP/FE

Staff: Branch 1 - 

RI

Branch: Records Integration

Analysis WH &amp; Operations

Section: Personality Files

Analysis

Hqrs: 

Washington

I &amp; R Comment

1956

Date

VIA: AIR

SPECIFY AIR OR SEA ROUTE

DISPATCH NO. FKLA 5886

**CONFIDENTIAL**

CLASSIFICATION

4 FEB 1955

TO: Chief, FE

DATE:

FROM: Chief

INFC: Chief, Support Mission,

SUBJECT: GENERAL: Administrative/Personnel

SPECIFIC: Recommendation for Promotion - James S. WOODS

1. It is recommended that James S. WOODS be promoted from GS-5 to GS-7. Subject entered on duty with the [ ] 26 July 1954.

2. WOODS presently occupies proposed Slot No. 21 which has been recommended as a GS-9 slot. Subject has been in grade as a GS-5 since 6 June 1953 and has performed the duties of his present assignment since 10 August 1954.

3. Subject has had approximately two years of experience in the maintenance of agent records. This experience has enabled him not only to assume his present responsibilities with a minimum of supervision, but also to initiate a completely new and improved system for the maintenance of the agent records of the [ ] Mission. Due partially to the efficiency of the system that he has initiated and partially to the enthusiasm with which he approaches his work, [ ] has assumed the work load previously handled by two individuals and at the same time has managed to keep his backlog to a minimum.

4. WOODS is conscientious, hard-working and more than willing to work long hours of overtime without additional compensation in order to maintain his section on a current basis. Subject individual devoted unusually long hours to reestablish himself during the recent move of this Mission to Japan. On the basis of work performance and motivation, subject is recommended as justly deserving of promotion to GS-7.

5. I certify that WOODS is performing the duties outlined in the job description attached hereto.

/s/ JOHN L. HART

1 February 1955

1 ENCL - a/s

DISTRIBUTION:

1 - Chief, FE

1 - Chief, EN

**CONFIDENTIAL**

CLASSIFICATION



# CONFIDENTIAL

POSITION DESCRIPTION - James S. WOODS

## 1. Nature and Purpose of Work:

My position is that of intelligence analyst in the Personality File section of the Records Integration Branch. I am responsible for the maintenance of agent records and personality files.

## 2. Duties:

a. To maintain all agent records. This takes a good percentage of my time as it includes the following:

- (1) Make all [ ] on PRQ's and file check requests, writing up the results and forwarding them to the proper agencies.
- (2) Make sure that all PRQ's and file check requests have the correct classification, the proper number of copies for distribution, correct name and telecodes, and are forwarded to the proper case officer or foreign unit.
- (3) See that the results of [ ] received from Headquarters and CHIM are properly carded and forwarded to the case officer concerned.
- (4) Keep all agent records up-to-date with regard to cryptonyms, FOC's, OC's and other additional information received.
- (5) Keep files on all terminated agents and see that the proper records are filled out and forwarded when they are terminated.

b. To maintain the RI card index, assuring that all cards received in RI are properly filed and have the correct names and telecodes.

c. To analyze, card and file all documents forwarded to Personality Files; these include State Station memos, HQ's, Contact Reports, COMINT Reports, EPIC's, various intelligence summaries, etc.

## 3. Responsibility for the Work of Others:

N/A

## 4. Scope and Effect of Work:

I am responsible for making all HQT file checks. I must see that they are made out thoroughly, quickly and accurately. My check may decide the outcome of hiring or refusing to hire a prospective agent or other employee for an operation or project.

## 5. Supervision and Guidance Received:

I receive no direct supervision or guidance in duties relating to the maintenance of agent records. I receive over-all policy guidance from the Chief of RI and some guidance from branch chiefs and case officers.

# CONFIDENTIAL

CONFIDENTIAL

- 2 -

6. Mental Demands:

a. Initiative: In order to maintain agent records properly, I must always keep alert for new ways to keep them up-to-date and meet any demands that may be made for drawing up new procedures for the maintenance of agent records.

b. Originality: To adopt new ways of maintaining agent records without losing control over the flow of daily material.

c. Judgment: I must decide what action should be taken on all ☐ file checks, regarding what information is to be sent to Headquarters and ☐.

7. Personal Work Contacts:

I must maintain close personal contact with all case officers and branch chiefs in order that I may maintain up-to-date agent records.

8. Other:

I must maintain files of all documents routed to Personality Files. Also I must resolve problems the branch chiefs or case officers may have in regard to agent records.

Also, I have recently established a 201 agent record system for the Mission and am responsible for its continual maintenance.

CONFIDENTIAL

CHECK LIST FOR TRAINING

*Thode, James S.*

1. Typing

3. English Usage

2. shorthand

④ 4. Office Practice  
(Electric typewriter, filing,  
phone, Correspondence Manual,  
proofreading, office protocol.)

STANDARD FORM 52  
FORM 52-1 (Rev. 1-54)  
U. S. GOVERNMENT PRINTING OFFICE  
WASHINGTON, D. C. 20540  
GSA GEN. REG. NO. 27

# REQUEST FOR PERSONNEL ACTION

YOU WISHED TO  
UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|  |   |   |                                      |
|--|---|---|--------------------------------------|
| 1. NAME (Mr., Mrs., Miss, One given name, initial(s), and surname)   | 2. DATE OF BIRTH  | 3. REQUEST NO.  | 4. DATE OF REQUEST                   |
| Mr. James S. WOODS   | 20 Feb 54   |   | 16 Feb 54                            |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br>Reassignment  |   | 6. EFFECTIVE DATE<br>A. PROPOSED:   | 7. C. S. OR OTHER<br>LEGAL AUTHORITY |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |   | 9. APPROVED:<br>Feb 25 1954   |                                      |
| 10. FROM:<br>Intell. Anal. 21-469.08<br>GS-1335, \$3410.00 p.a.<br>GS-04235-5<br>DDP/PI<br>Records Integration <del>STRT</del> DIV<br>Processing & Records Branch<br>Consolidation Section<br>Washington, D.C. | 11. POSITION-TITLE AND NUMBER<br>12. SERVICE, GRADE, AND SALARY<br>13. ORGANIZATIONAL DESIGNATIONS<br>14. HEADQUARTERS<br>15. FIELD OR DEPARTMENTAL | 16. TO:<br>16(FI) EST 602.02-5<br>GS-0136.01-15, \$3410.00 p.a.<br>DDP/TE<br>Intelligence Division<br>Positive Intelligence Branch<br>Langley |                                      |
| 17. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>  |   | 18. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>   |                                      |

19. REMARKS (Use reverse if necessary)

Transfer to Unvouchered Funds from Vouchered Funds.

Concur

John M. Scott  
CHIEF, RI

|   |               |   |  |
|---|---------------|---|--|
| 20. REQUESTED BY<br>H. C. Clinkscale, Jr. Personnel Officer   |               | 21. REQUEST APPROVED BY<br>Signature: Edward C. McManara<br>Title: Asst. Dir. / PO  |  |
| 22. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WITH <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 10 POINT<br>UNRAD OTHER |               | 23. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VUL <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/><br>CD-FI |  |
| 24. SEX<br>M  | 25. RACE<br>W | 26. AT APPROPRIATION<br>FROM: A-2300-20<br>TO: 1-3740-55-096  | 27. SUBJECT TO C. S.<br>RETIEMENT ACT<br>(YES-NO)<br>YES |
| 28. DATE OF APPOINT-<br>MENT AFFIDAVIT<br>(ACCESSIONS ONLY)   |               | 29. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:   |  |

30. STANDARD FORM 50 REMARKS

Eff. date okay  
Spec. F.C. - FI  
16 Apr 54  
conc. 26 Mar 54  
16 Apr 54

|  |                      |           |          |
|--|----------------------|-----------|----------|
| 31. CLEARANCES                           | INITIAL OR SIGNATURE | DATE      | REMARKS: |
| A.                                       |                      |           |          |
| B. CEIL OR POS. CONTROL                  | Jm                   | 29 Mar 54 |          |
| C. CLASSIFICATION                        |                      |           |          |
| D. PLACEMENT OR EMP.                     | W. J. Taylor         | 25 Mar 54 |          |
| E.                                       |                      |           |          |
| F. APPROVED BY<br>W. J. Taylor 25 Mar 54 |                      |           |          |

| STANDARD FORM 52<br>PREPARED BY THE<br>U. S. CIVIL SERVICE COMMISSION<br>BUREAU OF PERSONNEL<br>WASHINGTON, D. C.  |  |  |  |
|--|--|--|--|
| REQUEST FOR PERSONNEL ACTION   |  |  |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse.  |  |  |  |
| 1. NAME (Mr. - Miss - Mrs. - One given name, initial(s), and surname)<br><br>James S. Woods  |  | 2. DATE OF BIRTH<br><br>20 Feb 1928  |  |
| 3. REQUEST NO.<br><br>   |  | 4. DATE OF REQUEST<br><br>1 June 1953  |  |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONAL (Specify whether appointment, promotion, separation, etc.)<br><br>Promotion  |  | 6. EFFECTIVE DATE<br>A. PROPOSED:<br><br>7. C. S. OR OTHER<br>LEGAL AUTHORITY<br><br>  |  |
| B. POSITION (Specify whether establish, change grade or title, etc.)<br><br>   |  | B. APPROVED:<br><br>7 June 53  |  |
| FROM:<br>Intel. Anal. BV-469.08-4<br>GS-1332 \$3175.00 pa<br>DDP/PI<br>Records Integration Division STAFF<br>Processing & Records Branch<br>Consolidation Section<br>Washington, D.C.<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |  | TO:<br>Intel. Anal. BV-469.08<br>GS-1332 \$3410.00 pa<br>DDP/PI<br>Records Integration Division STAFF<br>Processing & Records Branch<br>Consolidation Section<br>Washington, D.C.<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |  |
| A. REMARKS (Use reverse if necessary)<br><br>17 Aug<br>Subject has been in grade since 21 April 1952.  |  |  |  |
| B. REQUESTED BY (Name and title)<br>JOHN H. SCOTT, Chief, RT   |  | D. REQUEST APPROVED BY<br>Signature: Edward C. McHarrison<br>Title: Asst. Dir. PI/PO   |  |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br>2510  |  |  |  |
| 13. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PF. <input type="checkbox"/> 10 POINT<br>DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>  |  |
| 15. SEX <input type="checkbox"/> 16. RACE <input type="checkbox"/> 17. APPROPRIATION<br>FROM:<br>TO:   |  | 18. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(YES - NO) <input type="checkbox"/> 19. DATE OF APPOINTMENT AFFIDAVIT<br>(ACCESSIONS ONLY)<br><br>20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:                        |  |
| 21. STANDARD FORM 50 REMARKS<br><br>   |  |  |  |
| 22. CLEARANCES<br>A.<br>B. CEIL. OR POS. CONTROL<br>C. CLASSIFICATION<br>D. PLACEMENT OR ENPL.<br>E.   |  | INITIAL OR SIGNATURE<br><br>DATE<br><br>REMARKS.<br><br>   |  |
| F. APPROVED BY<br>Dwight L. Dawson 4 June 1953   |  |  |  |

Mr. James S. Woods

25

1 June 1953

Washington, D. C.  
Intel. Anal.

FI/RI

GS-4  
GS-5

BV-469.08  
GS-4

BV-469.08  
GS-5

High School Graduate, 2 years of Business College

Treasury Dept., Accounting Clerk, GS-2, May 1950 to Jan. 1952  
GS-3, Jan. 1952 to April 1952

OSO/RI, File Section, File Clerk, GS-3, 21 April 1952 to 17 Aug. 1952  
GS-4, 17 Aug. 1952 to 16 March 1953  
DDP/FI/RI, Consolidation Section, Mail & File Clerk, GS-4, 16 March 1953 to present

  
Chief, RI

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|  |  |   |  |
|--|--|---|--|
| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)<br><b>James S. Woods</b>   | 2. DATE OF BIRTH<br><b>20 Feb 1928</b> | 3. REQUEST NO.                                | 4. DATE OF REQUEST<br><b>15 Apr 53</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |  | 6. EFFECTIVE DATE<br>A. PROPOSED:             | 7. C. S. OR OTHER<br>LEGAL AUTHORITY   |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |  | B. APPROVED:<br><b>26 Apr 53</b> <i>Scha-</i> |  |

|  |   |
|--|---|
| FROM—<br><b>Mail &amp; File Clerk</b> <b>BV-364.08</b><br><b>GS-4-305 \$3175.00 pa</b><br><b>DDP/FI/RI</b><br><b>Processing &amp; Records Branch</b><br><b>Consolidation Section</b><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL | 9. POSITION-TITLE AND<br>NUMBER<br><b>Intel. Anal.</b> <b>BV-469.08-4</b><br><b>GS-4-132 \$3175.00 pa</b><br><b>DDP/FI/RI</b><br><b>Processing &amp; Records Branch</b><br><b>Consolidation Section</b><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |
|--|---|

A. REMARKS (Use reverse if necessary)  
Position BV-364.08 has been deleted from the T/O.

|   |   |
|---|---|
| B. REQUESTED BY (Name and title)<br><b>JOHN M. SCOTT, Chief, RI</b> | C. REQUEST APPROVED BY<br>Signature: <i>Edward C. McFarlane</i><br>Title: <i>Asst. Dir. FI/PO</i> |
| D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)   |   |

|  |   |   |   |
|--|---|---|---|
| 13. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> S.P. <input type="checkbox"/> 15. POINT<br>DIPAS <input type="checkbox"/> OTHER <input type="checkbox"/> | 14. POSITION CLASSIFICATION ACTION<br>F.E. <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> RLAL <input type="checkbox"/> |   |   |
| 16. RACE<br>FROM: <b>11X21.0</b><br><b>2319-W</b><br>TO: <b>2319-20</b>  | 18. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(YES—NO)  | 19. DATE OF APPOINT-<br>MENT AFFIDAVIT<br>(ACCESSIONS ONLY) | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |

21. STANDARD FORM 50 REMARKS

|   |                      |                  |          |
|---|----------------------|------------------|----------|
| 22. CLEARANCES  | INITIAL OR SIGNATURE | DATE             | REMARKS: |
| A.  |                      |                  |          |
| B. CELL. OR POS. CONTROL  |                      |                  |          |
| C. CLASSIFICATION   |                      |                  |          |
| D. PLACEMENT OR EMPL.   | <b>OCD</b>           | <b>20 Apr 53</b> |          |
| E.  |                      |                  |          |
| F. APPROVED BY<br><i>Orville E. Dawson</i> <b>20 Apr 53</b> <b>1195-7</b> |                      |                  |          |

STANDARD FORM 52  
FORMS ISSUED BY THE  
U. S. CIVIL SERVICE COMMISSION  
JANUARY 1950 - FEDERAL PERSONNEL  
MANUAL, CHAPTER 20

## REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname)<br><b>James S. Woods</b>   |  | 2. DATE OF BIRTH<br><b>20 Feb 1928</b>  |  | 3. REQUEST NO.   |  | 4. DATE OF REQUEST<br><b>2 March 53</b>             |  |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, expiration, etc.)<br><b>Reassignment</b>  |  |   |  | 6. EFFECTIVE DATE & PROPOSED:  |  | 7. C S OR OTHER LEGAL AUTHORITY                     |  |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |  |   |  | 9. APPROVED:<br><i>15 March 53 Jha</i>   |  |   |  |
| FROM:<br><b>File Clerk BV-356</b><br><b>GS-4-305 \$3175.00 pa</b><br><b>DD/P/PI/RI</b><br><b>Processing &amp; Records Branch</b><br><b>File Section</b><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |  | 10. POSITION TITLE AND NUMBER<br>11. SERVICE, GRADE, AND SALARY<br>12. ORGANIZATIONAL DESIGNATIONS<br>13. HEADQUARTERS<br>14. FIELD OR DEPARTMENTAL |  | TO:<br><b>Mail &amp; File Clerk BV-364.08</b><br><b>GS-4-305 \$3175.00 pa</b><br><b>DD/P/PI/RI</b><br><b>Processing &amp; Records Branch</b><br><b>Consolidation Section</b><br><b>Washington, D.C.</b><br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |  |   |  |
| 15. REMARKS (Use reverse if necessary)<br><b>From BV-356 to BV-364.</b>   |  |   |  |  |  |   |  |
| 16. REQUESTED BY (Name and title)<br><b>JOHN M. SCOTT, Chief, RI</b>  |  |   |  | 17. REQUEST APPROVED BY<br>Signature: <i>Edward C. McNamee</i><br>Title: <i>for FI/RO</i>  |  |   |  |
| 18. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)  |  |   |  | 19. POSITION CLASSIFICATION ACTION<br>NEW VICE L.A. REAL   |  |   |  |
| 20. VETERAN PREFERENCE<br>NONE WWI TOTALA S-PT. 10 POINT<br>DISAB. OTHER  |  | 21. APPROPRIATION<br>FROM:<br>TO:   |  | 22. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)   |  | 23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSORS ONLY) |  |
| 24. SEX<br>15<br>25. RACE<br>26. 2809-20  |  | 27. LEGAL RESIDENCE<br>STATE:   |  | 28. STANDARD FORM 50 REMARKS   |  |   |  |
| 29. CLEARANCES<br>A.<br>B. CEN. OR POS. CONTROL<br>C. CLASSIFICATION<br>D. PLACEMENT OR ENPL.<br>E.   |  | 30. INITIAL OR SIGNATURE<br>DATE  |  | 31. REMARKS  |  |   |  |
| 32. APPROVED BY<br><i>James H. Prsu - 3/6/53</i>  |  |   |  |  |  |   |  |



| PERSONNEL ACTION REQUEST   |  |                                     |   | REGISTER NO.  |  |
|--|--|-------------------------------------|---|---|--|
| NAME<br>James S. Woods   |  |                                     | REQUESTED EFFECTIVE DATE<br>17 Aug 52   |   |  |
| NATURE OF ACTION<br>Promotion  |  |                                     | WHEN LEAVING (VOUCHERED)<br>LAST WORKING DAY:<br>EMPLOYEE'S SIGNATURE:                          |   |  |
| FROM   |  |                                     | TO  |   |  |
| TITLE<br>File Clerk  |  | X-39.04                             |   | File Clerk X-102.22   |  |
| GRADE AND SALARY<br>GS-3-305 \$2950.00 per annum   |  |                                     |   | GS-4-305 \$3175.00 per annum  |  |
| OFFICE<br>OSO  |  |                                     |   | OSO   |  |
| DIVISION<br>RI   |  |                                     |   | RI  |  |
| BRANCH AND SECTION<br>Processing & Records Branch<br>File Section  |  |                                     |   | Analysis & Operations Branch<br>Service & Correspondence Section                |  |
| OFFICIAL STATION<br>Washington, D.C.   |  |                                     |   | Washington, D.C.  |  |
| DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/>  |  |                                     |   | DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> |  |
| REMARKS:<br>From X-39.04 to X-102.22<br>Subject has been in grade since 21 April 1952.<br><br>Approved: <i>John H. Leach</i><br>31 July 52 Chief, RI |  |                                     |   |   |  |
| RECOMMENDED:<br><br><br>SIGNATURE OF OFFICE CHIEF, DIVISION CHIEF OR AIAA OFFICER  |  |                                     |   |   |  |
| FOR USE OF PERSONNEL ONLY  |  |                                     |   |   |  |
| PLACEMENT<br>DATE QUALIFICATIONS APPROVED  |  |                                     | TRANSACTIONS AND RECORDS<br>APPROPRIATION: 11X2100<br>ALLOTMENT: 2309-00<br>C S C ACTIVITY: 116 |   |  |
| CLEARANCE REQUESTED<br>DATE TYPE   |  | CLEARANCE APPROVED<br>DATE TYPE     |   | DATE SIGNATURE  |  |
| DATE SIGNATURE   |  |                                     |   | PERSONNEL RELATIONS<br>DATE SIGNATURE   |  |
| CLASSIFICATION<br>BUREAU NO. G. S. C. NO. DATE APPROVED  |  |                                     |   | APPROVALS<br>DATE SIGNATURE   |  |
| NEW VICE I. A. REAL  |  |                                     |   | SUBJECT TO SECURITY CLEARANCE<br>SIGNATURE OF EXECUTIVE                         |  |
| EFFECTIVE DATE<br>8/13/52  |  | SIGNATURE<br><i>Thomas M. Kelly</i> |   | DATE<br>7 Aug 52  |  |
|  |  |                                     |   | SIGNATURE OF DIVISION CHIEF<br><i>W. J. ...</i>                                 |  |

100000

21. To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

From 11 May 1950 to 19 April 1952  
Fiscal Acct. Clerk GS - 3 \$2950.00 per annum  
SUPERVISOR: Miss Ryan  
U.S. Treasury Department  
Pennsylvania Avenue  
Washington, D.C.  
PLEASE FORWARD FILE AND LEAVE RECORD TO:

*See*  
WOODS, JAMES S.

(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 20a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-51924-1

22. Return to: EMPLOYING ORGANIZATION

FORWARD OFFICIAL PERSONNEL FOLDER TO  
R. H. J. HUPKING,  
CENTRAL INTELLIGENCE AGENCY  
2425 C STREET, N.W.  
WASHINGTON 25, D.C.

To: RELEASING ORGANIZATION—You are requested to furnish promptly the leave data on

FROM 11 May 1950 to April 1952  
Fiscal Acct. Clerk GS 3 \$2950.00  
U.S. Treasury Dept.  
15th & Penna. Ave N.W.  
Washington D.C.

JAMES S. Woods  
(NAME OF EMPLOYEE)

NOTE

If this address is not the correct one to which future inquiries should be mailed, be sure to insert the correct address under item 18a.

FOLD HERE FOR MAILING  
IN WINDOW ENVELOPE

16-51924-2 apr 52

Return to: EMPLOYING ORGANIZATION

George E. Helson  
2430 E Street N.W.  
Washington D.C.

BY 1130 was forwarded by your office  
in May 1952. Since this copy has been  
detached from our files it is re-  
quested that you forward a copy of  
same to the address at left.

*1/18 P.S.L.*

| ENTRANCE ON DUTY NOTICE  |  |
|--|--|
| 1. TO<br><b>OSO NY</b>   | 2. DATE<br><b>22 April 1952</b>        |
| Notice of Final Processing of Applicant for Entrance on Duty   |  |
| 3. NAME<br><b>JAMES E. Woods</b>   | 4. ENTRANCE SALARY<br><b>\$2950.00</b> |
| 5. TITLE<br><b>T - File Clerk</b>  | 6. GRADE<br><b>GS - 3</b>              |
| <p>The applicant named in item 3 above meets all standards for full employment with CIA. Signed clearance for entrance on duty has been received from Inspection and Security and made a part of the personnel file of this individual. Effective this date he/she is assigned to duty with your office.</p> <p><b>Full - 26 March 1952</b><br/> <b>LT - 23 April at 3:00 P.M.</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> <b>APR 30 1952</b> </div> <div style="display: inline-block; vertical-align: bottom; margin-left: 20px;"> <b>Frank C. Jarman</b><br/>             PERSONNEL OFFICER           </div> |  |

FORM NO. 97-114  
JAN 1952

(4)

Date

APR 4 1952

MR. JAMES WOODS  
3605 MINN. AVE, SE  
CITY

Dear MR. WOODS,

Your employment has been approved by this Agency at \$ 2950 per annum, subject to the satisfactory completion of additional processing on the day you enter on duty. It is requested that you report to the Receptionist, East End of Temporary "I" Building located at 17th and Independence Avenue, S. W., at 8:30 a.m. as soon as possible.

Please advise Mrs. Brown, 2430 "E" Street, N. W., by telephone, Executive 6115, Extension 3693 of your exact reporting date.

Sincerely yours,

EJS APR 4 - 1952  
FRANK G. JAREMA  
Personal Division

Subject telephoned: 4-5-52 (date) spoke with EJS

Subject will EOD: 21 Apr 52 - New W/Treasury

SUBJECT WILL NOT EOD; Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not met  
4/8

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.  
WASHINGTON 25, D. C.

22 March 1952

Mr. James S. Woods  
3505 Minnesota Avenue, S. E.  
Washington, D. C.

Dear Mr. Woods:

In reference to your application for employment, this letter is to assure you that the processing of your papers as a GS-3, \$ 2950 per annum is being continued by this agency. A definite offer of employment cannot be made, however, until such time as all processing has been completed.

The processing is a rather lengthy one; but when further information is available, we shall get in touch with you immediately.

In the meantime, it would be appreciated if you would advise us of any change in your present status, such as change of address, etc.

Your continued interest and patience are appreciated.

Very truly yours,

FRANK G. JAMES  
Personnel Division

# OUTGOING CLASSIFIED MESSAGE

PAGE NO .....

## CENTRAL INTELLIGENCE AGENCY

|  |  |
|--|--|
| DATE: <b>5 Mar 52</b>  | ROUTINE <input type="checkbox"/> PRIORITY <input type="checkbox"/> URGENT <input type="checkbox"/> |
| FROM: <b>PDC</b>   | (ORIGINATING OFFICER) (PHONE EXTENSION)  |
| TRANSMIT TO: <b>MR. JAMES WOODS<br/>2817 CONNECTICUT AVE., N. W.<br/>WASHINGTON, D. C.</b> | <i>see new address<br/>on route sheet</i><br>(CLASSIFICATION)                                      |

TYPE IN CAPITAL LETTERS, DOUBLE SPACED

### TELEGRAM - NIGHT LETTER

EMPLOYMENT APPROVED THIS AGENCY \$ 2750 PER ANNUM, SUBJECT  
SATISFACTORY COMPLETION OF ADDITIONAL PROCESSING. DESIRE  
REPORT SOONEST POSSIBLE RECEPTIONIST, EAST END TEMPORARY "I"  
BUILDING, 17TH AND INDEPENDENCE AVENUE, SOUTHWEST, WASHINGTON,  
D. C. AT 8:30 A.M. ADVISE MRS. BROWN 2430 "E" STREET NORTHWEST,  
BY COLLECT NIGHT LETTER OR COLLECT PHONE, EXECUTIVE 6115, EXTEN-  
SION 3698 THE EXACT REPORTING DATE.

*Is now a  
98-3 (see last PHS)  
won't take a 98-2.  
for  
8 March*

*F. L. E. Gama*  
FRANK G. JAREMA

RELEASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

|                |
|----------------|
| CLASSIFICATION |
|----------------|

CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

20 February 1952  
In reply refer to ED-4

Mr. James Woods  
2317 Conn. Avenue N. W.  
Washington D. C.

Dear Mr. Woods:

This is to advise that actual processing of your application for employment with this Agency has been initiated. Specific details as to the type of appointment and salary will be contained in subsequent correspondence. Please direct all future correspondence to the undersigned.

If applicable, the attached form should be completed and returned within two weeks. Thank you for your prompt attention to this matter.

Very truly yours,

  
Personnel Division

Enclosure

2 37-82  
1 Appand  
1 CUS

Please forward three passport size photographs at your earliest convenience.

m 0

CERTIFICATE OF ATTENDANCE

I certify that on APR 28 1952 I have attended  
the Agency Indoctrination Course specified by Regulation  
25-1.

James S. Woods  
(NAME)  
107406

8330 1555H.25

FORM NO. 51-121  
DEC 1951

161

384

FORM NO. 37-115  
MAY 1950

*File  
WD*

TO: Medical Division  
FROM: Transactions & Records  
SUBJECT: Woods., James S.

Request that above named subject be given a physical examination.

POSITION: File Clerk

GRADE: GS - 3

BRANCH: OSD RI

SERVICE: DEPT.

NATURE OF APPOINTMENT: EXC.

*OK*

FORM NO. 37-115  
MAY 1950





| PERSONNEL ACTION REQUEST  |                          |   |                                | REGISTER NO. |
|---|--------------------------|---|--------------------------------|--------------|
| NAME<br><b>James S. HOODS</b>   |                          | REQUESTED EFFECTIVE DATE<br><b>APR 21 1952</b>                                  |                                |              |
| NATURE OF ACTION<br><b>Excepted Appointment</b>   |                          | WHEN LEAVING (VOUCHERED)<br>LAST WORKING DAY:<br>EMPLOYEE'S SIGNATURE:          |                                |              |
| FROM  |                          | TO  |                                |              |
| TITLE   |                          | File Clerk <b>L-39.04 - 2</b>   |                                |              |
| GRADE AND SALARY  |                          | GS-305-3 <b>\$2950.00</b>   |                                |              |
| OFFICE  |                          | OSO   |                                |              |
| DIVISION  |                          | RI  |                                |              |
| BRANCH AND SECTION  |                          | Processing and Records Branch<br>File Section                                   |                                |              |
| OFFICIAL STATION  |                          | Washington, D.C.  |                                |              |
| DEPARTMENTAL <input type="checkbox"/> FIELD <input type="checkbox"/>  |                          | DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> |                                |              |
| REMARKS:<br><b>(To P-39.04) gw</b><br><br>Approved: <i>John H. Scofield</i><br>Chief, RI<br>15 FEB 1952<br><br># 57<br>In State 428-52<br><br>RECOMMENDED:<br>15 Feb 52<br>DATE<br><i>James S. Hood</i><br>SIGNATURE OF OFFEROR (OFFEROR ONLY - NOT EMPLOYEE) |                          |   |                                |              |
| FOR USE OF PERSONNEL ONLY   |                          |   |                                |              |
| PLACEMENT   |                          | TRANSACTIONS AND RECORDS  |                                |              |
| DATE QUALIFICATIONS APPROVED  |                          | APPROPRIATE 2123400   |                                |              |
| James H. Powell   |                          | ALLOTMENT 3009  |                                |              |
| CLEARANCE REQUESTED   |                          | C & C AUTHORITY Sch A.G. 116 (8)  |                                |              |
| DATE  | TYPE                     | DATE  | TYPE                           |              |
| DATE  | SIGNATURE                | DATE SIGNATURE  |                                |              |
| DATE  | SIGNATURE                | DATE SIGNATURE  |                                |              |
| CLASSIFICATION  |                          | PLACEMENT SIGNATURE   |                                |              |
| BUREAU NO.  | C & C NO.                | DATE  | SIGNATURE                      |              |
| FILE  | PRICE                    | DATE  | SIGNATURE                      |              |
| DATE  | SIGNATURE                | DATE  | SIGNATURE                      |              |
| 27 Feb  | <i>Wingard P. Bunker</i> | 4 Apr 52  | <i>L. Bunker</i>               |              |
| EFFECTIVE DATE  |                          | DATE  | SIGNATURE OF APPROVING OFFICER |              |

| REQUEST FOR SECURITY CLEARANCE   |  |                             |  | REQUEST NO.        |  |
|--|--|-----------------------------|--|--------------------|--|
|  |  |                             |  | H-3007A            |  |
|  |  |                             |  | DATE               |  |
|  |  |                             |  | 10 FEB 52          |  |
| FULL NAME (Last)   |  | FIRST (First)               |  | YEAR OF BIRTH      |  |
| WOLFE, JAMES   |  | CANNON                      |  | 1928               |  |
| POSITION TITLE   |  |                             |  | GRADE              |  |
| FILE CLERK   |  |                             |  | GS-3               |  |
| LOCATION (OFFICE)  |  | CODE                        |  | DIVISION           |  |
| 000  |  |                             |  | 000                |  |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)   |  |                             |  | CODE               |  |
| A. H. J. C.  |  |                             |  | 000                |  |
| TYPE OF EMPLOYEE   |  |                             |  |                    |  |
| 1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY |  |                             |  |                    |  |
| 5. <input type="checkbox"/> OTHERS   |  |                             |  |                    |  |
| FUNDS  |  |                             |  |                    |  |
| <input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED   |  |                             |  |                    |  |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED  |  |                             |  |                    |  |
| <input checked="" type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group)  |  |                             |  |                    |  |
| D ST. POOL   |  |                             |  |                    |  |
| <input type="checkbox"/> SECRET  |  |                             |  |                    |  |
| <input checked="" type="checkbox"/> FULL   |  |                             |  |                    |  |
| <input type="checkbox"/> WAIVER  |  |                             |  |                    |  |
| AVAILABILITY DATE (DD-MO-YY)   |  | EST. CLEARANCE DATE (MO-YY) |  | RECRUITMENT SOURCE |  |
|  |  |                             |  |                    |  |
| SEX AND VETERAN STATUS   |  |                             |  |                    |  |
| 1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV                   |  |                             |  |                    |  |
| REMARKS:   |  |                             |  |                    |  |
| SECURITY INITIATED BY NORTH. SUPERSEDED ACTION OF 1/5/52.<br>CHIEF OF OFFICE, DIVISION 2 BRANCH.   |  |                             |  |                    |  |
| Attachments:   |  |                             |  |                    |  |
| FIS  |  |                             |  |                    |  |
| Append. I  |  |                             |  |                    |  |
| Photos.  |  |                             |  |                    |  |
|  |  |                             |  | FRANK O. JAMES     |  |
|  |  |                             |  | SIGNATURE          |  |
|  |  |                             |  | FNO                |  |
|  |  |                             |  | DIVISION           |  |

## Office Memorandum • UNITED STATES GOVERNMENT

TO :

Jensen

DATE: 8 Feb. 1952

FROM :

SUBJECT:

WOODS, JAMES

In Process as GS2 Clerk. He wants accounting clerk eventually, but there are no openings at present, & we have two other - better qualified - accounting clerks in process in reserve at present.

Possibility for microfilm trainee?

W. H. Langford

P.O.  
12-26

MP

2817 Conn. Ave. N.W.

January 12, 1952

Dear Sir:

I received your letter dated January 5, stating that I was to inform you of any changes in my present status.

I am now a grade GS 2 with an one year increase. I am now being considered for a grade GS 3 in the Treasury Dept. I assure you, this does not lessen my zeal to get in the C.I.A.

I would like to know if your Agency would transfer or consider me for appointment at a grade GS 3.

Sincerely yours,

James Schulte

|   |  |  |               |  |                |
|---|--|--|---------------|--|----------------|
| REQUEST FOR SECURITY CLEARANCE  |  |  |               | REQUEST NO.  |                |
|   |  |  |               | DATE 11-2007   |                |
| FULL NAME (Last)  |  | (First)  |               | (Middle)   |                |
| WOODS   |  | JAMES  |               | CAVOR  |                |
| POSITION TITLE  |  |  |               | GRADE  |                |
| Specialist  |  |  |               | GS-8   |                |
| LOCATION (OFFICE)   |  | CODE   | DIVISION      | CODE   | BRANCH         |
| Personnel   |  |  | Personnel (0) |  | Personnel Pool |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)  |  |  |               |  |                |
| Washington, D.C.  |  |  |               |  |                |
| TYPE OF EMPLOYEE  |  |  |               |  |                |
| 1. <input type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY   |  |  |               |  |                |
| 5. <input type="checkbox"/> OTHER:  |  |  |               |  |                |
| FUNDS   |  |  |               |  |                |
| <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED   |  |  |               |  |                |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED   |  |  |               |  |                |
| <input type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)  |  |  |               |  |                |
| D. Street Pool  |  |  |               |  |                |
| <input type="checkbox"/> SECRET   |  |  |               |  |                |
| <input type="checkbox"/> FULL   |  |  |               |  |                |
| <input type="checkbox"/> WAIVER   |  |  |               |  |                |
| AVAILABILITY DATE (DD-MO-YR)  |  | EST. CLEARANCE DATE (MO-YR)                                      |               | RECRUITMENT SOURCE   |                |
|   |  |  |               |  |                |
| SEX AND VETERAN STATUS  |  | 1. <input type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV |               | 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV |                |
|   |  |  |               |  |                |
| REMARKS:  |  |  |               |  |                |
| Moria 1-17-52   |  |  |               |  |                |
| <div> <div>Attachments:</div> <div> <div>FHS</div> <div>Append, I</div> <div>Photos.</div> </div> </div> <div> <div>CONFIDENTIAL</div> <div>JOSEPH D. RAGAN</div> <div>Chief, Personnel Division</div> </div> |  |  |               |  |                |

5 January 1952

Mr. James S. Woods  
2017 Conn. Ave. N. W.  
Washington, D. C.

Dear Mr. Woods:

You are being considered for employment with the Central Intelligence Agency at grade GS-2, salary ~~\$2150.00~~ per annum.

The appointment, if offered, will be temporary indefinite in nature. Processing procedures require about 30 days to complete. Unless you are notified to the contrary during this period, you may assume that you are being actively considered for employment. Upon completion of this processing, we will contact you immediately.

In the meantime, it would be appreciated if you will keep us advised of any changes in your present status, such as change of address, etc.

Please let us know immediately if during the interim you find that you will not be able to accept employment with this organization.

Very truly yours,

Joseph B. Ragan *JBR*  
Chief, Personnel Division

| REQUEST FOR SECURITY CLEARANCE   |  |   |          | SECURITY INFORMATION   |        | REQUEST NO. | DATE |
|--|--|---|----------|--|--------|-------------|------|
| FULL NAME (Last) (First) (Middle)  |  |   |          | YEAR OF BIRTH  |        | 4 JAN. 1952 |      |
| WOODS, JAMES SAUVIE  |  |   |          | 1928   |        |             |      |
| POSITION TITLE   |  |   |          | GRADE  |        | CODE        |      |
| CLERK  |  |   |          | GS2  |        |             |      |
| LOCATION (OFFICE)  |  | CODE  | DIVISION | CODE   | BRANCH | CODE        |      |
| POOL   |  |   |          |  |        |             |      |
| GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE)   |  |   |          |  |        |             |      |
| TYPE OF EMPLOYEE 1. <input checked="" type="checkbox"/> REGULAR 2. <input type="checkbox"/> CONTACT 3. <input type="checkbox"/> CONSULTANT 4. <input type="checkbox"/> MILITARY  |  |   |          |  |        |             |      |
| 5. <input type="checkbox"/> OTHER:   |  |   |          |  |        |             |      |
| FUNDS: <input checked="" type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED  |  |   |          |  |        |             |      |
| TYPE(S) OF SECURITY CLEARANCE REQUESTED  |  |   |          |  |        |             |      |
| <input checked="" type="checkbox"/> PROVISIONAL FOR: (show name of pool or group)  |  |   |          |  |        |             |      |
| <input checked="" type="checkbox"/> SECRET   |  |   |          |  |        |             |      |
| <input checked="" type="checkbox"/> FULL   |  |   |          |  |        |             |      |
| <input type="checkbox"/> WAIVER  |  |   |          |  |        |             |      |
| AVAILABILITY DATE (dd-mm-yy)   |  | EST. CLEARANCE DATE (mo-yy)   |          | RECRUITMENT SOURCE   |        | CODE        |      |
| 1952   |  |   |          |  |        | 01          |      |
| SEX AND VETERAN STATUS   |  | 1. <input checked="" type="checkbox"/> M-V 2. <input type="checkbox"/> M-NV |          | 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV |        |             |      |
| REMARKS:   |  |   |          |  |        |             |      |
| <p>89 to Med. Sec 1/5</p> <p>Attachments: FHS</p> <p>Append. I <input type="checkbox"/></p> <p>Photos. <input type="checkbox"/></p> <p>CONFIDENTIAL</p> <p>SECURITY INFORMATION</p> <p>SIGNATURE: [Signature]</p> <p>DIVISION:</p> |  |   |          |  |        |             |      |

# Office Memorandum • UNITED STATES GOVERNMENT

TO : File

DATE: 3 January 1952

FROM :

SUBJECT: James S. Woods

1. Contacted Treasury Dept. this date and Employee Relations Officer stated that subject had no efficiency ratings since he had not been there long enough before being granted military furlough and after his discharge. However, she stated that Mr. Woods had been a very satisfactory employee and there was nothing derogatory in his file.





CONFIDENTIAL

|  |                                       |                                  |  |
|--|---------------------------------------|----------------------------------|--|
| REPORT OF INTERVIEW  |                                       | THIS DATE<br>18 Dec. 51          |  |
| NAME<br>James Savvie Woods   |                                       | REFERRED BY                      |  |
| HOME ADDRESS<br>2817 Conn. Ave., N. W. Wash., D. C.                            |                                       | TELEPHONE<br>AD 8430             |  |
| BUSINESS ADDRESS<br>Treasury   |                                       | TELEPHONE<br>EX 6400 x2612       |  |
| DATE OF BIRTH<br>2:20:1928   | PLACE OF BIRTH<br>Forest River, N. D. | CITIZENSHIP (HOW ACQUIRED)<br>US |  |
| NAME OF SPOUSE<br>none - no expectations                                       |                                       |                                  |  |
| DATE OF BIRTH  | PLACE OF BIRTH                        | CITIZENSHIP (HOW ACQUIRED)       |  |
| SALARY REQUESTED<br>GS-2   | NO. OF DEPENDENTS<br>none             | INTERVIEWER                      |  |
| EDUCATION (SCHOOLS, DEGREES, DATES, MAJORS, EXTRA-CURRICULAR ACTIVITIES)       |                                       |                                  |  |
| Hadlich's Bus. Sch. Diploma in fr. accounting                                  |                                       |                                  |  |
| MAJOR EMPLOYMENT HISTORY (PRINCIPAL OCCUPATION, SPECIAL SKILLS, SALARY LEVELS) |                                       |                                  |  |
| Present- Treasury Dept. I/A attached   |                                       |                                  |  |
| MILITARY OCCUPATION (RANK, SERIAL NO., DATES OF SERVICE, DUTIES AND AREAS)     |                                       |                                  |  |
| Oct 3, 1946 Apr 12, 1948   |                                       |                                  |  |
| Oct 19, 1950 Aug 7, 1951   |                                       |                                  |  |
| Pfc (Infantry)   |                                       |                                  |  |

CONFIDENTIAL

AREA KNOWLEDGE (RESIDENCE OR STUDY)

Japan, Korea (US Army) No 10-9

LANGUAGE FACILITY

None

EVALUATION AND RECOMMENDATIONS (BE COMPLETE AND JUSTIFY DECISIONS, NOTE ANY UNFAVORABLE CIRCUMSTANCES.)

A CLEAN CUT, BRIGHT EYED, EAGER YOUNGSTER, VERY AMBITIOUS BUT HAS HAD LIMITED EXPERIENCE. HE WOULD LIKE TO GET INTO ACCOUNTING, BUT HE HAS HAD ONLY BASIC ACCOUNTING AND HAS NEVER HAD A JOB IN ACCOUNTING TO TEST HIM. HE IS WILLING TO TAKE A CLERK JOB IF HE WILL GET A CLEARANCE AT ACCOUNTING. WILL GO O/S. FEELS HE IS BLOCKED IN HIS JOB IN TREASURY DEPT. SINCE HE WILL COME AS A GS-2, I WOULD TAKE A CHANCE ON HQ HIM IF HIS TESTS SHOW ANYTHING ENCOURAGING. HE EXPECTS TO ENTER STRAYERS COLLEGE OF ACCOUNTING (NIGHT) IN FEBRUARY. DOES NOT DESIRE POOL. SUGGEST MISS MC KENNEY LOOK HIM OVER. FORMS ATTACHED. HAS BEEN SCHEDULED FOR GS-1 CLERK-ACCT. TEST ON 20 DECEMBER.

FORMS GIVEN:

☐ PHS

☐ MEDICAL

☐ RESERVE

SIGNATURE OF INTERVIEWER

CONFIDENTIAL

MEMORANDUM TO: Personnel Division  
Central Intelligence Agency  
2430 "E" Street, N. W.  
Washington, 25, D. C.

DEC 3 1951

SUBJECT: Availability of James S. Woods

1. This is to advise you that no objection is interposed to your consideration of the application for employment of the above-named individual who is presently employed by this office.

2. In the event this employee is accepted by your Agency, it is requested that the individual named below be contacted relative to the effective date of his ~~transfer~~ release.

[Redacted]  
(Signature)

Acting Personnel Officer  
(Title)

Bureau of Accounts  
Treasury Department  
(Agency)

Contact for further information:

[Redacted]  
(Name) employee relations officer

Code 172, Extension 2628  
(Telephone)

SECRET

REPRODUCTION MASTERS

SECRET

BIOGRAPH

BIOGRAPHIC PROFILE

SECRET

Handle With Care

SECRET

|   |   |  |  |
|---|---|--|--|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION<br>OF OFFICIAL COVER BACKSTOP   |   | DATE<br>12 May 1975  | FILE NO.<br>2542   |
| TO:<br>(Check)  | <input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, CP                 | SS NUMBER<br>502-16-6806   |  |
|   | <input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, CP                 | EMPLOYEE NUMBER<br>010032  |  |
|   | <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) CCS | ID CARD NUMBER   |  |
| ATTN:   | CHIEF ADMIN STAFF   | OFFICIAL<br>COVER  | <input type="checkbox"/> ESTABLISHED<br><input checked="" type="checkbox"/> DISCONTINUED |
| REF:  | VERBAL REQUEST  |  |  |
| SUBJECT   | WOODS, James S.   | UNIT   |  |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>  |   |  |  |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS   |   | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS   |  |
| <input type="checkbox"/> BASIC COVER PROVIDED<br>EFFECTIVE DATE   |   | <input checked="" type="checkbox"/> EFFECTIVE DATE: 200  |  |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED<br>FOR _____ TDY _____ OTHER (Specify)  |   | <input checked="" type="checkbox"/> SUBMIT FORM 3254 CIA W-2<br>TO BE ISSUED. (HNB 20-11)                                |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY _____                        |   | <input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY 2 |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE<br>LIMITATION CATEGORY TO CATEGORY _____                        |   | <input checked="" type="checkbox"/> EAA: CATEGORY I <input checked="" type="checkbox"/> CATEGORY II                      |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 3254 (HNB 20-11)  |   | <input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS   |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE IN COVER. (HR 240-2*)   |   | <input checked="" type="checkbox"/> DO NOT PUT IN THIS FILE  |  |
| <input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER<br>RESPONSIBILITY. (HR 240-2*)  |   |  |  |
| EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>   |   |  |  |
| SUBMIT FORM 2686 FOR _____ HOSPITALIZATION CARD   |   |  |  |
| DNR/TK/ESSENT OVERC<br>COPY 1 - CD OR CPU<br>COPY 2 - OPERATING COMPONENT<br>COPY 3 - OS/BRACD<br>COPY 4 - OC-OO/TED<br>COPY 5 - CFS-FILE<br>EDF:JP |   | G. A. Chris...<br>CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF   |  |

FORM 1551 USE PREVIOUS EDITION

SECRET


E2 IMPDET CL BY 07622

(10-20-63)

SECRET

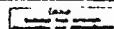
|  |   |  |
|--|---|--|
| NOTIFICATION OF ASSIGNMENT OR CANCELLATION<br>OF OFFICIAL COVER BACKSTOP   |   | FILE NO.   |
| TO:<br>(Check)   | CHIEF, CONTROL DIVISION, OP             | SS NUMBER  |
|  | CHIEF, CONTRACT PERSONNEL DIVISION, OP  | EMPLOYEE NUMBER  |
|  | CHIEF, OPERATING COMPONENT (For action) | ID CARD NUMBER   |
| ATTN:  | OFFICIAL COVER                          | ESTABLISHED  |
| REF:   |   | DISCONTINUED   |
| SUBJECT  |   | UNIT   |
| <p><b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b></p>  |   |  |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS  |   | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS                                   |
| <input type="checkbox"/> BASIC COVER PROVIDED<br>EFFECTIVE DATE _____  |   | EFFECTIVE DATE: _____  |
| <input type="checkbox"/> OPERATIONAL COVER PROVIDED<br>FOR _____ TO _____  |   | SUBMIT FORM 3254<br>TO BE ISSUED (NR 240-11)                                     |
| SUBMIT FORM 642 FOR ANY CHANGE AFFECTING THIS<br>LIMITATION CATEGORY TO CATEGORY _____<br>(NR 240-11)                            |   | SUBMIT FOR _____ TO CHANGE TELEPHONE<br>LIMITATION CATEGORY _____<br>(NR 240-11) |
| SUBMIT FORM 3254 TO BE ISSUED. (NR 240-11)   |   | EAA, CATEGORY I _____ CATEGORY II _____  |
| SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS<br>COVER. (NR 240-24)   |   | TURN ALL OFFICIAL DOCUMENTATION TO CCS   |
| SUBMIT FORM 1323 FOR TRANSFERRING COVER<br>RESPONSIBILITY. (NR 240-24)   |   | SUBMIT FORM 2688 FOR<br>HOSPITALIZATION CARD.                                    |
| EAA, CATEGORY I _____ CATEGORY II _____  |   | DO NOT WRITE IN THIS BLOCK   |
| SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD  |   |  |
| REMARKS AND/OR COVER HISTORY   |   |  |
| DISTRIBUTION:<br>COPY 1 - CD OR CPO<br>COPY 2 - OPERATING COMPONENT<br>COPY 3 - OS/SHACO<br>COPY 4 - GL/TFB<br>COPY 5 - CCS-FILE |   | <i>Janice A. Franklin</i><br>CHIEF, OFFICIAL COVER; CENTRAL COVER STAFF          |

SECRET

|  |  |   |                                     |                      |
|--|--|---|-------------------------------------|----------------------|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION<br>OF OFFICIAL COVER BACKSTOP  |  |   | DATE<br>10 May 1971                 |                      |
| TO:<br>(Check)   | <input checked="" type="checkbox"/>                                    | CHIEF, CONTROL DIVISION   | FILE NUMBER<br>2542                 |                      |
|  | <input type="checkbox"/>   | CHIEF, CONTRACT PERSONNEL DIVISION  | EMPLOYEE NUMBER<br>010032           |                      |
|  | <input checked="" type="checkbox"/>                                    | CHIEF, OPERATING COMPONENT (For action)   | ID CARD NUMBER                      |                      |
| ATTN: EUR/Chief Support Staff  |  | OFFICIAL COVER  | <input checked="" type="checkbox"/> | BACKSTOP ESTABLISHED |
| REF: Form 1413 dated 6 May 1971  |  |   |                                     | DISCONTINUED         |
| SUBJECT<br>WOODS, James S.   |  | UNIT  |                                     |                      |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>   |  |   |                                     |                      |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS<br>(OPM 20-800-11)   |  | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS<br>(OPM 20-800-11)   |                                     |                      |
| A. TEMPORARILY FOR _____ DAYS<br>EFFECTIVE DATE _____  |  | DATE _____  |                                     |                      |
| B. CONTINUING AS OF From EOD   |  |   |                                     |                      |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HRB 20-7)           | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HRB 20-7)  |                                     |                      |
| <input checked="" type="checkbox"/>  | ASCERTAIN THAT <u>State</u> W-2 BEING ISSUED.<br>(HRB 20-12)           | RETURN ALL OFFICIAL DOCUMENTATION TO CCS.   |                                     |                      |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS<br>COVER. (HR-240-20)   | DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY  |                                     |                      |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 1323 FOR TRANSFERRING COVER<br>RESPONSIBILITY. (HR-240-20) |   |                                     |                      |
| <input type="checkbox"/>   | SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD                        |   |                                     |                      |
| REMARKS AND/OR COVER HISTORY   |  |   |                                     |                      |
|  |  |   |                                     |                      |
| DISTRIBUTION: COPY 1 - CD<br>COPY 2 - OPERATING COMPONENT<br>COPY 3 - O/OB<br>COPY 4 - OL/TELETYPE<br>COPY 5 - SP<br>COPY 6 - ECR - FILE |  | RF:km<br><br>CHIEF, OFFICIAL COVER, CENTRAL COVER STAFF |                                     |                      |

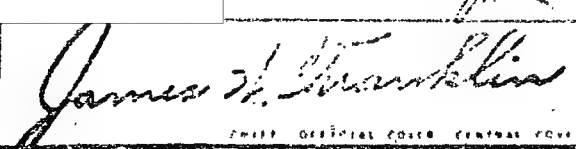
FORM 1551 USE PREVIOUS EDITIONS  
12-70

SECRET



(13-20-43)

SECRET

|  |   |   |   |
|--|---|---|---|
| NOTIFICATION OF ESTABLISHMENT OR CANCELLATION<br>OF OFFICIAL COVER BACKSTOP  |   | DA<br>12 November 1970  |   |
| TO:<br>(Check)   | <input checked="" type="checkbox"/> CHIEF, RECORDS AND CONTROL                | FILE NUMBER<br>0542   |   |
|  | <input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION                   | EMPLOYEE NUMBER<br>16032  |   |
|  | <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)   | ID CARD NUMBER<br>740-542   |   |
| ATTN: EME/ Chief Support Staff   |   | OFFICIAL<br>COVER   | <input checked="" type="checkbox"/> BACKSTOP ESTABLISHED<br><input type="checkbox"/> DISCONTINUED |
| REF: Form 1322   |   |   |   |
| SUBJECT: WOODS, James S.   |   | UNIT: Records Analysis Group  |   |
| <b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>   |   |   |   |
| ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS<br>(OCS 20-200.11)   |   | CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS<br>(OCS 20-200.11)                                   |   |
| A. TEMPORARILY FOR _____ DAYS<br>EFFECTIVE DATE COB _____  |   | DATE (no. of COB) _____   |   |
| B. CONTINUING AS OF COB _____<br>AUG 57  |   |   |   |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HNS 20-7)                  | <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY.<br>(HNS 20-7)               |   |
| <input checked="" type="checkbox"/>  | ASCERTAIN THAT <u>Army</u> W-2 BEING ISSUED.<br>(HNS 20-11)                   | <input type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS.                                  |   |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS<br>COVER. (HR 240-20)          | DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY  |   |
| <input checked="" type="checkbox"/>  | SUBMIT FORM 1323 FOR TRANSFERRING COVER<br>RESPONSIBILITY. (HR 240-20)        |   |   |
| <input type="checkbox"/>   | SUBMIT FORM 2608 <input checked="" type="checkbox"/> FOR HOSPITALIZATION CARD |   |   |
| REMARKS AND/OR COVER HISTORY   |   |   |   |
|  |   |   |   |
| DISTRIBUTION: COPY 1 - HQ<br>COPY 2 - OPERATING COMPONENT<br>COPY 3 - 3-03<br>COPY 4 - PL/RELATE<br>COPY 5 - CTS - AMEMB<br>COPY 6 - CTS - TTS |   | HC<br>HC/PC<br> |   |

FORM 1551

SECRET

112 20-431



SECRET

6 Mar 59

File: 2512

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT: James Savie WOODS

1. [ ] arrangements ~~have been completed~~ have been completed for the above-named Subject.

2. Effective as 5 Mar 1959, it is requested that your records be properly blocked ~~to prevent~~ [ ]

3. This memorandum confirms an oral request of 6 Mar 59 by [ ] Room 1608 "L" Building, Extension 2420.

[ ]  
HARRY W. LITTLE, JR.  
Chief, Central Cover Division

cc: SSD/OS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/10/01 BY 1580a  
UNCLASSIFIED FILE

(4-13-40)

SECRET

DEC 5 1956  
(Date)

MEMORANDUM FOR: Chief, Records & Services Division  
Office of Personnel

THROUGH : Security Support Division  
Office of Security

SUBJECT : James S. WOODS

1. [ ] arrangements have been completed for the above named subject who will be visiting a foreign country for a [ ] day TDY trip.

2. Effective this date, it is requested that your records be properly ~~(XXXXXX)~~ (re-opened) to ~~(XXXX)~~ (acknowledge) subject's current Agency employment by an external inquirer.

[ ]  
Chief, Official Cover & Liaison, CCB

CC: SSD/CS

THIS INFO MUST REMAIN  
ON TOP OF FILE  
SECRET

7/2  
12-11-57

**SECRET**  
(When Filled In)

variable data

RMR 080878

### NOTIFICATION OF PERSONNEL ACTION

OFF

|   |          |  |         |         |          |                                 |  |
|---|----------|--|---------|---------|----------|---------------------------------|--|
| 1. SERIAL NUMBER<br><b>010032</b>   |          | 2. NAME (LAST FIRST MIDDLE)<br><b>WOODS JAMES S</b>    |         |         |          |                                 |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>RETIREMENT (VOLUNTARY)</b>  |          | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>            |         |         |          |                                 |  |
| 4. UNDER CIA RETIREMENT AND DISABILITY SYSTEM   |          | 7. EFFECTIVE DATE<br><b>08 04 78</b>                   |         |         |          |                                 |  |
| 6. FUNDS<br><table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>     |          | V TO V   | V TO CF | CF TO V | CF TO CF | 8. CSC OR OTHER LEGAL AUTHORITY |  |
| V TO V  | V TO CF  |  |         |         |          |                                 |  |
| CF TO V   | CF TO CF |  |         |         |          |                                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/INS<br/>INFORMATION MGMT AND PLANNING GROUP<br/>RECORDS MANAGEMENT BRANCH<br/>AREAS UNIT</b> |          | 10. LOCATION OF OFFICIAL STATION<br><b>WASH., D.C.</b> |         |         |          |                                 |  |
| 11. POSITION TITLE<br><b>RECORDS ADMIN OFF NE</b>   |          | 12. POSITION NUMBER<br><b>CG45</b>                     |         |         |          |                                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, WS, etc.)<br><b>GS</b>   |          | 15. OCCUPATIONAL SERIES<br><b>0344.01</b>              |         |         |          |                                 |  |
| 16. GRADE AND STEP<br><b>13 2</b>   |          | 17. SALARY OR RATE<br><b>26889</b>                     |         |         |          |                                 |  |
| 18. REMARKS   |          |  |         |         |          |                                 |  |

#### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|                                |  |  |  |  |  |                          |  |  |  |                     |  |  |  |  |  |                                 |  |
|--------------------------------|--|--|--|--|--|--------------------------|--|--|--|---------------------|--|--|--|--|--|---------------------------------|--|
| 9. ACTION CODE<br><b>45</b>    |  | 20. EMPLOY CODE<br><b>10</b>                     |  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC                  |  | 22. STATION CODE         |  | 23. INTEGREE CODE  |  | 24. MODAL CODE      |  | 25. DATE OF SRM<br>MO DA YR<br><b>02 20 78</b>         |  | 26. DATE OF GRADE<br>MO DA YR                        |  | 27. DATE OF LEI<br>MO DA YR     |  |
| 28. NTE EXPIRES<br>MO DA YR    |  | 29. SPECIAL REFERENCE                            |  | 30. RETIREMENT DATA<br>CSC<br>CIA<br>AIA<br>MONS         |  | 31. SEPARATION DATA CODE |  | 32. CORRECTION/CONCILIATION DATA   |  | 33. SECURITY REQ NO |  | 34. SEX  |  | 35. VET PREFERENCE<br>CODE<br>0 NONE<br>1 SP<br>2 PI |  | 36. LEAVE COMP DATA<br>MO DA YR |  |
| 37. LONG COMP DATA<br>MO DA YR |  | 38. CAREER CATEGORY<br>CARE<br>BRI<br>PROV<br>UW |  | 39. FEEDBACK HEALTH INSURANCE<br>CODE<br>0 NONE<br>1 YES |  | 40. SOCIAL SECURITY NO   |  | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE LESS THAN 3 YRS<br>3 BREAK IN SERVICE MORE THAN 3 YRS |  | 42. LEAVE CAT CODE  |  | 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO |  | 44. STATE TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO |  | 45. STATE CODE                  |  |

SIGNATURE OR OTHER AUTHENTICATION

**ULS**

[Signature]

tel

**SECRET**  
(When Filled In)

153078

### NOTIFICATION OF PERSONNEL ACTION

|   |   |   |   |
|---|---|---|---|
| 1. SERIAL NUMBER<br><b>010032</b>   |   | 2. NAME (LAST FIRST MIDDLE)<br><b>WOODS JAMES S</b>             |   |
| 3. RESULT OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>  |   | 4. EFFECTIVE DATE<br>MO DA YR<br><b>04 09 78</b>                | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>           |
| 6. FUNDS  | V TO V<br>CF TO V                         | V TO CF<br>CF TO CF   | 7. PAN AND NSCA<br><b>8026 3430 0000 50 USC 403 J</b> |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/IMS<br/>INFORMATION MGMT AND PLANNING GROUP<br/>RECORDS MANAGEMENT BRANCH<br/>AREAS UNIT</b> |   | 10. LOCATION OF OFFICIAL STATION<br><b>WASH., D.C.</b>          |   |
| 11. POSITION NUMBER<br><b>RECORDS ADMIN OFF NE</b>  |   | 12. SERVICE DESIGNATION<br><b>DCC</b>                           |   |
| 14. CLASSIFICATION SCHEDULE (GS, WG, etc.)<br><b>GS</b>   | 15. OCCUPATIONAL SERIES<br><b>0344.01</b> | 16. GRADE AND STEP<br><b>13 2</b>                               | 17. SALARY OR RATE<br><b>26889</b>                    |
| 18. REMARKS   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |   |   |   |
| 19. ACTION CODE<br><b>37</b>  | 20. EMPLOY CODE<br><b>10</b>              | 21. OFFICE CODING<br>NUMERIC <b>53740</b> ALPHABETIC <b>IMS</b> | 22. STATION CODE<br><b>75013</b>                      |
| 23. INTEGRITY CODE  | 24. HOURS CODE<br><b>1</b>                | 25. DATE OF BIRTH<br>MO DA YR<br><b>02 20 28</b>                | 26. DATE OF GRADE<br>MO DA YR                         |
| 27. DATE OF LET<br>MO DA YR   | 28. SECURITY REQ NO                       | 29. SEA   | 30. SOCIAL SECURITY NO                                |
| 31. VET PREFERENCE  | 32. SERV COMP DATE                        | 33. LONG COMP DATE  | 34. CARRIER CATEGORY                                  |
| 35. PREVIOUS CIVILIAN GOVERNMENT SERVICE  | 36. LEAVE CAT CODE                        | 37. FEDERAL TAX DATA  | 38. STATE TAX DATA                                    |
| 39. SIGNATURE OR OTHER AUTHENTICATION<br><b>FROM: NE</b>  |   | 40. FORM EXECUTED<br>1 YES<br>2 NO                              |   |

FORM 114  
5-74 (MAY 78)

Use Previous Edition

**SECRET**

GPO: 1977 O-307-022 (4-77)

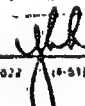
**SECRET**  
(When Filled In)

OCF

8

### NOTIFICATION OF PERSONNEL ACTION

OCF

|  |  |  |   |
|--|--|--|---|
| 1. SERIAL NUMBER<br><b>010032</b>  |  | 2. NAME (LAST FIRST MIDDLE)<br><b>WOODS JAMES S</b>  |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>PROMOTION</b>  |  | 4. EFFECTIVE DATE<br>MO DA YR<br><b>03 12 78</b>   | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>         |
| 6. FUNDS   | 7. TAN AND NSCA  | 8. CSC OR OTHER LEGAL AUTHORITY  |   |
| V TO V<br>CF TO V  | V TO CF<br>CF TO CF                                      | <b>8033 4800 0000 50 USC 403 J</b>   |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDO/NE DIVISION<br/>OFFICE OF THE CHIEF, NE DIVISION<br/>PLANS STAFF</b>  |  | 10. LOCATION OF OFFICIAL STATION<br><b>WASH., D.C.</b>   |   |
| 11. POSITION TITLE<br><b>RECORDS ADMIN OFF</b>   |  | 12. POSITION NUMBER<br><b>CG45</b>   | 13. SERVICE DESIGNATION<br><b>DCC</b>               |
| 14. CLASSIFICATION SCHEDULE (GS, WO, etc)<br><b>GS</b>   | 15. OCCUPATIONAL SERIES<br><b>0344.01</b>                | 16. GRADE AND STEP<br><b>13 2</b>  | 17. SALARY OR RATE<br><b>26889</b>                  |
| 18. REMARKS  |  |  |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |  |   |
| 19. ACTION CODE<br><b>22</b>   | 20. EMPLOY CODE<br><b>10</b>                             | 21. OFFICE CODING<br>ALPHABETIC<br><b>46075 NE</b>   | 22. STATION CODE<br><b>75013</b>                    |
| 23. INTEGRAL CODE  | 24. HOURS CODE<br><b>1</b>                               | 25. DATE OF BIRTH<br>MO DA YR<br><b>03 20 28</b>   | 26. DATE OF GRADE<br>MO DA YR<br><b>03 13 78</b>    |
| 27. DATE OF LEI<br>MO DA YR<br><b>03 13 78</b>   | 28. DATE EXPIRES<br>MO DA YR                             | 29. SPECIAL REFERENCE<br>1. CSC<br>2. CIA<br>3. NSA  | 30. RETIREMENT DATA<br>CODE                         |
| 31. SEPARATION DATA CODE   | 32. CORRECTION/CONCILIATION DATA<br>TYPE                 | 33. SECURITY REQ NO  | 34. SEX   |
| 35. VET PREFERENCE<br>CODE<br>0. NONE<br>1. 5 YR<br>2. 10 YR   | 36. SERV COMP DATE<br>MO DA YR                           | 37. LONG COMP DATE<br>MO DA YR   | 38. CAREER CATEGORY<br>CODE<br>CAR BSV<br>PROV LIMP |
| 39. FEGLI/HEALTH INSURANCE<br>CODE<br>0. WALKER<br>1. YES  | 40. SOCIAL SECURITY NO                                   | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0. NO PREVIOUS SERVICE<br>1. NO BREAK IN SERVICE<br>2. BREAK IN SERVICE LESS THAN 3 YRS<br>3. BREAK IN SERVICE MORE THAN 3 YRS |   |
| 42. HEART CAT CODE   | 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1. YES<br>2. NO | 44. STATE TAX DATA<br>FORM EXECUTED<br>1. YES<br>2. NO   | 45. STATE CODE                                      |
| SIGNATURE OR OTHER AUTHENTICATION  |  |  |   |
| <div style="text-align: right;"> <b>MAILED 22 1978</b><br/>  </div> |  |  |   |

FORM 1150  
574 May 10 78

Use Previous  
Edition

**SECRET**

82 IMPDET CL BY 00722 (1-51)

|   |                 |      |                  |   |                 |      |        |                   |              |
|---|-----------------|------|------------------|---|-----------------|------|--------|-------------------|--------------|
| 1   | SERIAL NO       | 2    | NAME             | 3 | ORGANIZATION    | 4    | FUNDS  | 5                 | LWOP HOURS   |
|   | 010032          |      | WILLIAM S. JAMES |   | 115             |      |        |                   |              |
| 6   | OLD SALARY RATE |      |                  | 7 | NEW SALARY RATE |      |        | 8 TYPE ACTION     |              |
|   | Grade           | Step | Salary           |   | Grade           | Step | Salary | EFFECTIVE DATE    | WCI QSI ADJ. |
|   |                 |      | 24070            |   |                 |      | 24799  |                   |              |
|   | 12              | 6    | 52               |   | 12              | 5    | 52     | 11/20/77          |              |
| CERTIFICATION AND AUTHENTICATION  |                 |      |                  |   |                 |      |        |                   |              |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |                 |      |                  |   |                 |      |        |                   |              |
| SIGNATURE <i>Auth</i>   |                 |      |                  |   |                 |      |        | DATE 15 Sept 1977 |              |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |                 |      |                  |   |                 |      |        |                   |              |
| CLERK'S INITIALS <i>WILLIAM S. JAMES</i> BY <i>pk</i>   |                 |      |                  |   |                 |      |        |                   |              |
| FORM 10-73 560E Use previous editions PAY CHANGE NOTIFICATION (4 51)  |                 |      |                  |   |                 |      |        |                   |              |

NEW 3 SEP 77

LJF 110977

SECRET  
(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

|  |                                    |   |   |
|--|------------------------------------|---|---|
| 1. SERIAL NUMBER<br>010032   |                                    | 2. NAME (LAST FIRST MIDDLE)<br>WOODS JAMES S    |   |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND<br>CANCELLATION OF NSCA                            |                                    | 4. EFFECTIVE DATE<br>MO DA YR<br>07 11 77       | 5. CATEGORY OF EMPLOYMENT<br>REGULAR            |
| 6. FUNDS<br>V TO V<br>CF TO V  | V TO CF<br>CF TO CF                | 7. PAN AND NSCA<br>3033 4801 0000               | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/NE DIVISION<br>OFFICE OF THE CHIEF, NE DIVISION<br>PLANS STAFF |                                    | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C. |   |
| 11. POSITION TITLE<br>RECORDS ADMIN OFF  |                                    | 12. POSITION NUMBER<br>CG45                     | 13. SERVICE DESIGNATION<br>DCC                  |
| 14. CLASSIFICATION SCHEDULE (GS, WG, etc.)<br>GS   | 15. OCCUPATIONAL SERIES<br>0344.01 | 16. GRADE AND STEP<br>12 4                      | 17. SALARY OR RATE<br>24070                     |

18. REMARKS  
THIS ACTION REFLECTS NEW LEGISLATIVE PAY INCREASE EFFECTIVE 10/09/77.

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|   |                                 |  |   |  |                         |   |                               |                             |
|---|---------------------------------|--|---|--|-------------------------|---|-------------------------------|-----------------------------|
| 19. ACTION CODE<br>37   | 20. EMPLOY CODE<br>10           | 21. OFFICE CODING<br>NUMBER 48075<br>NE                      | 22. STATION CODE<br>75013                             | 23. INTERVIEW CODE   | 24. HOURS CODE<br>1     | 25. DATE OF BIRTH<br>MO DA YR<br>02 20 28 | 26. DATE OF GRADE<br>MO DA YR | 27. DATE OF LEI<br>MO DA YR |
| 28. DATE EXPIRES<br>MO DA YR  | 29. SPECIAL REFERENCE           | 30. RETIREMENT DATA<br>1. CSC<br>2. CIA<br>3. RIA<br>4. NONE | 31. SEPARATION DATA CODE                              | 32. Cancellation Data<br>TYPE MO DA YR                                       | 33. SECURITY REG. NO.   |   | 34. SEX                       |                             |
| 35. VET PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT.<br>2 - 10 PT.  | 36. SERV. COMP DATE<br>MO DA YR | 37. LONG COMP. DATE<br>MO DA YR                              | 38. CAREER CATEGORY<br>CAR BESV<br>BROV JUMP          | 39. PEOU / HEALTH INSURANCE<br>CODE 0 - NO-VER<br>1 - YES<br>HEALTH INS CODE | 40. SOCIAL SECURITY NO. |   |                               |                             |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 5 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 5 YRS) | 42. LEAVE CAT CODE              | 43. FEDERAL TAX DATA<br>FORM EXECUTED 1 - YES<br>2 - NO      | 44. STATE TAX DATA<br>FORM EXECUTED 1 - YES<br>2 - NO |  |                         |   |                               |                             |

FROM: CCS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

NOV 18 1977

ALL

L20 100 045

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

| NAME          | ID NUMBER | ORG. | SCH-GR-STEP | NEW<br>SALARY |
|---------------|-----------|------|-------------|---------------|
| WOODS JAMES S | 0010032   | CCS  | GS 12 4     | \$24,070      |

15648



KKK: 22 JULY 76

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
|--|--|-----------------------------|--|---------------------------------|--|----------------------------------|--|-----------------------------------|--|-------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                 |  |                                  |  |                                   |  |                         |  |
| 010032   |  | WOODS JAMES S               |  |                                 |  |                                  |  |                                   |  |                         |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |  |                                 |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT         |  |                         |  |
| REASSIGNMENT - CHANGE OF HOME BASE                       |  |                             |  |                                 |  | 07   13   76                     |  | REGULAR                           |  |                         |  |
| 6. FUNDS   |  | 7. PAN AND NOCA             |  | 8. CSC OR OTHER LEGAL AUTHORITY |  |                                  |  |                                   |  |                         |  |
| X  |  | V TO V                      |  | V TO CF                         |  | T230-0118                        |  | 0002                              |  | 50 USC 403 J            |  |
| CF TO V  |  | CF TO CF                    |  |                                 |  |                                  |  |                                   |  |                         |  |
| 9. ORGANIZATIONAL DESIGNATIONS                           |  |                             |  |                                 |  | 10. LOCATION OF OFFICIAL STATION |  |                                   |  |                         |  |
| DDO/CCS<br>REGISTRY                                      |  |                             |  |                                 |  | WASH., D.C.                      |  |                                   |  |                         |  |
| 11. POSITION TITLE                                       |  |                             |  |                                 |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION           |  |                         |  |
| RECORDS ADMIN OFF CH                                     |  |                             |  |                                 |  | BL 44                            |  | DCC                               |  |                         |  |
| 14. CLASSIFICATION SCHEDULE (OS, LS, etc.)               |  |                             |  | 15. OCCUPATIONAL SERIES         |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE                |  |                         |  |
| GS   |  |                             |  | 0344.01                         |  | 12 4                             |  | 21324                             |  |                         |  |
| 18. REMARKS  |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING               |  | 22. STATION CODE                 |  | 23. INTEGRITY CODE                |  | 24. RIGHTS CODE         |  |
| 37   |  | 10                          |  | 39115                           |  | CCS                              |  | 75013                             |  | 1                       |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE           |  | 27. DATE OF LET                 |  |                                  |  |                                   |  |                         |  |
| 02   20   28   |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
| 28. DATE EXPIRES   |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA             |  | 31. SEPARATION DATA CODE         |  | 32. CORRECTION / CORRELATION DATA |  | 33. SECURITY REQ NO     |  |
|  |  |                             |  |                                 |  |                                  |  | MOD DATA                          |  | 34. SER                 |  |
| 35. VET PREFERENCE                                       |  | 36. SERV COMP DATE          |  | 37. LONG COMP DATE              |  | 38. CAREER CATEGORY              |  | 39. REG. HEALTH INSURANCE         |  | 40. SOCIAL SECURITY NO. |  |
|  |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE                 |  |                             |  | 42. LEAVE CAT CODE              |  | 43. FEDERAL TAX DATA             |  |                                   |  | 44. STATE TAX DATA      |  |
|  |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |
|  |  |                             |  |                                 |  |                                  |  |                                   |  |                         |  |

AEO:13 AUG 76

SECRET  
(When Filled In)

| OCCF   |  |                                |  |   |  |  |  |  |  | NOTIFICATION OF PERSONNEL ACTION                     |  |                      |  |                            |                                      |                               |  |                             |  |
|--|--|--------------------------------|--|---|--|--|--|--|--|--|--|----------------------|--|----------------------------|--------------------------------------|-------------------------------|--|-----------------------------|--|
| 1. SERIAL NUMBER<br>010032   |  |                                |  |   | 2. NAME (LAST FIRST-MIDDLE)<br>WOODS JAMES S |  |  |  |  |  |  |                      |  |                            |                                      |                               |  |                             |  |
| 3. NATURE OF PERSONNEL ACTION<br>CHANGE OF FAN   |  |                                |  |   |  |  |  |  |  | 4. EFFECTIVE DATE<br>08 09 76                        |  |                      |  |                            | 5. CATEGORY OF EMPLOYMENT<br>REGULAR |                               |  |                             |  |
| 6. FUNDS<br>X V TO V<br>CF TO V  |  |                                |  |   | 7. FAN AND NSCA<br>T230 0130 0002            |  |  |  |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J      |  |                      |  |                            |                                      |                               |  |                             |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/GCS<br>REGISTRY  |  |                                |  |   |  |  |  |  |  | 10. LOCATION OF OFFICIAL RESIDENCE<br>WASH., D.C.    |  |                      |  |                            |                                      |                               |  |                             |  |
| 11. POSITION TITLE<br>RECORDS ADMIN OFF CH   |  |                                |  |   |  |  |  |  |  | 12. POSITION NUMBER<br>BL44                          |  |                      |  |                            | 13. SERVICE DESIGNATION<br>DCC       |                               |  |                             |  |
| 14. CLASSIFICATION SCHEDULE (GS, 18, etc.)<br>GS   |  |                                |  |   | 15. OCCUPATIONAL SERIES<br>0344.01           |  |  |  |  | 16. GRADE AND STEP<br>12 4                           |  |                      |  |                            | 17. SALARY OF RATE<br>21324          |                               |  |                             |  |
| 18. REMARKS  |  |                                |  |   |  |  |  |  |  |  |  |                      |  |                            |                                      |                               |  |                             |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                                |  |   |  |  |  |  |  |  |  |                      |  |                            |                                      |                               |  |                             |  |
| 19. ACTION CODE<br>37  |  | 20. EMPLOY CODE<br>10          |  | 21. OFFICE CODING<br>HUMAN RESOURCES<br>39115 CCS           |  |  |  | 22. STAT CODE<br>73013                     |  | 23. INTEREST CODE<br>1                               |  | 24. WORTH CODE<br>02 |  | 25. DATE OF BIRTH<br>20 22 |                                      | 26. DATE OF GRADE<br>NO DA YE |  | 27. DATE OF ICI<br>NO DA YE |  |
| 28. MTS EXPIRES<br>NO DA YE  |  | 29. SPECIAL REFERENCE          |  | 30. RETIREMENT DATA<br>1 CSC<br>2 CUB<br>3 FICA<br>4 SOCIAL |  |  |  | 31. SEPARATION DATA CODE<br>1111           |  | 32. Continuation / Continuation Date<br>NO DA YE     |  | 33. SECURITY REG NO. |  | 34. SEX                    |                                      | EOD DATA                      |  |                             |  |
| 35. 1ST PREFERENCE<br>CODE 1 2 3   |  | 36. SERV COMP DATE<br>NO DA YE |  | 37. LONG COMP DATE<br>NO DA YE                              |  | 38. CAREER CATEGORY<br>CAB BSV<br>PROV SHIP            |  | 39. FEDERAL HEALTH INSURANCE<br>CODE 1 2 3 |  | 40. SOCIAL SECURITY NO.                              |  |                      |  |                            |                                      |                               |  |                             |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>1 NO PREVIOUS SERVICE<br>2 NO SERVICEMAN SERVICE<br>3 SERVICEMAN SERVICE (YES FROM 1 YES)<br>4 SERVICEMAN SERVICE (YES FROM 2 YES) |  |                                |  | 42. LEAVE CAT CODE  |  | 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO |  |  |  | 44. STATE TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO |  |                      |  |                            |                                      |                               |  |                             |  |
| 45. SIGNATURE OR OTHER AUTHENTICATION  |  |                                |  |   |  |  |  |  |  |  |  |                      |  |                            |                                      |                               |  |                             |  |
| <div style="text-align: right;"> <b>POSTED</b><br/> <br/> AUG 1976 </div>  |  |                                |  |   |  |  |  |  |  |  |  |                      |  |                            |                                      |                               |  |                             |  |

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                       |         |   |  |  |  |
|--|---------|---|--|--|--|
| 1. SERIAL NUMBER<br><b>010032</b>                      |         | 2. NAME (LAST FIRST MIDDLE)<br><b>WILKS JAMES S</b> |  |  |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>   |         |   | 4. EFFECTIVE DATE<br>MO DA YR<br><b>01 23 76</b>       |  | 5. CATEGORY OF EMPLOYMENT                    |
| 6. FUNDS   | V TO V  |   | V TO CF  | 7. FAN AND NSCA<br><b>6230 0118 0002</b> |  |
|  | CF TO V |   | CF TO CF   |  |  |
| 9. ORGANIZATIONAL DESIGNATION<br><b>DCD/CCS</b>        |         |   | 10. LOCATION OF OFFICIAL STATION<br><b>WASH., D.C.</b> |  |  |
| 11. POSITION TITLE<br><b>RECORDS ADMIN OF CH</b>       |         |   | 12. POSITION NUMBER<br><b>6144</b>                     |  | 13. CAREER SERVICE DESIGNATION<br><b>DAC</b> |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc)<br><b>GS</b> |         | 15. OCCUPATIONAL SERIES<br><b>0344.01</b>           |  | 16. GRADE AND STEP<br><b>12</b>          |  |
| 17. SALARY OR RATE                                     |         |   |  |  |  |
| 18. REMARKS  |         |   |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION                      |         |   |  |  |  |
| <div style="text-align: right;"> <b>30</b><br/> </div> |         |   |  |  |  |

|   |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |
|---|------|-----------------|----------------|----------------|------|--------|----------------|----------|-----|---------|--|------------------|--|----------|--|
| 010032  |      | 39 115          |                | GS 12 3        |      | 20,678 |                | 11/24/74 |     | GS 12 4 |  | 21,321           |  | 11/23/75 |  |
| OLD SALARY RATE   |      | NEW SALARY RATE |                | EFFECTIVE DATE |      | SI     |                | ADJ      |     |         |  |                  |  |          |  |
| Grade   | Step | Salary          | Last Eff. Date | Grade          | Step | Salary | EFFECTIVE DATE | SI       | ADJ |         |  |                  |  |          |  |
| GS 12   | 3    | 20,678          | 11/24/74       | GS 12          | 4    | 21,321 | 11/23/75       |          |     |         |  |                  |  |          |  |
| CERTIFICATION AND AUTHENTICATION  |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |
| SIGNATURE <i>Cell Cell</i>  |      |                 |                |                |      |        |                |          |     |         |  | DATE 12 Sep 1975 |  |          |  |
| <input checked="" type="checkbox"/> NO EXCESS (WOP)<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |
| CLERKS INITIALS <i>Cell Cell</i>  |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |
| FORM 7-66 560E Use previous editions PAY CHANGE NOTIFICATION (4-511)  |      |                 |                |                |      |        |                |          |     |         |  |                  |  |          |  |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976


| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|---------------|--------|-------|-------|-----------|------------|
| WELLS JAMES S | 010032 | 39    | 115   | V GS 12 4 | \$22,485   |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW SALARY |
|---------------|--------|-------|-------|-----------|------------|
| WELLS JAMES S | 010032 | 39    | 115   | V GS 12 3 | \$20,678   |

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
|---|----------------|----------------------------|--|---------------------------------|------------------|--------------------------|------------------|-----------------------------------|------------------|--------------------------------|----------------|
| 1 SERIAL NUMBER   |                | 2 NAME (LAST FIRST MIDDLE) |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| 010032  |                | WOODS JAMES S              |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| 3 NATURE OF PERSONNEL ACTION  |                |                            |  | 4 EFFECTIVE DATE                |                  | 5 CATEGORY OF EMPLOYMENT |                  |                                   |                  |                                |                |
| PROMOTION   |                |                            |  | 11 24 74                        |                  | REGULAR                  |                  |                                   |                  |                                |                |
| FUNDS   |                | X                          |  | V TO V                          |                  | V TO CF                  |                  | 7 FAN AND NSCA                    |                  | 8 CSC OR OTHER LEGAL AUTHORITY |                |
|   |                | CF TO V                    |  | CF TO CF                        |                  | 5230 0121 0002           |                  | 50 USC 403                        |                  |                                |                |
| 9 ORGANIZATIONAL DESIGNATIONS   |                |                            |  | 10 LOCATION OF OFFICIAL STATION |                  |                          |                  |                                   |                  |                                |                |
| DDC/CCS<br>REGISTRY   |                |                            |  | WASH., D.C.                     |                  |                          |                  |                                   |                  |                                |                |
| 11 POSITION TITLE   |                |                            |  | 12 POSITION NUMBER              |                  |                          |                  | 13 SERVICE DESIGNATION            |                  |                                |                |
| RECORDS ADMIN. GE. CH.  |                |                            |  | 0081                            |                  |                          |                  | DAC                               |                  |                                |                |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.)   |                |                            |  | 15 OCCUPATIONAL SERIES          |                  | 16 GRADE AND STEP        |                  | 17 SALARY OR RATE                 |                  |                                |                |
| GS  |                |                            |  | 0344.01                         |                  | 12 3                     |                  | 19083                             |                  |                                |                |
| 18 REMARKS  |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| 19 ACTION CODE  | 20 EMPLOY CODE | 21 OFFICE CODING           |  | 22 STATION CODE                 | 23 INTEGREE CODE | 24 HOURS CODE            | 25 DATE OF BIRTH |                                   | 26 DATE OF GRADE |                                | 27 DATE OF LST |
| 22  | 10             | NUMERIC ALPHABETIC         |  | 75043                           |                  | 1                        | 02 29 29         |                                   | 11 24 74         |                                | 11 24 74       |
| 28 NTE EXPIRES  |                | 29 SPECIAL REFERENCE       |  | 30 RE-EMPLOYMENT DATA           |                  | 31 SEPARATION DATA CODE  |                  | 32 Correction / Cancellation Data |                  | 33 SECURITY REQ NO             |                |
|   |                |                            |  |                                 |                  |                          |                  | EOD DATA                          |                  |                                |                |
| 35 VET PREFERENCE   |                | 36 SERV COMP DATE          |  | 37 LONG COMP DATE               |                  | 38 CAREER CATEGORY       |                  | 39 FEGLI / HEALTH INSURANCE       |                  | 40 SOCIAL SECURITY NO.         |                |
|   |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE   |                |                            |  | 42 LEAVE CAT CODE               |                  | 43 FEDERAL TAX DATA      |                  | 44 STATE TAX DATA                 |                  |                                |                |
|   |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| SIGNATURE OR OTHER AUTHENTICATION   |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |
| <div align="right"> <b>POSTED</b><br/> DEC 3 1974<br/>  </div> |                |                            |  |                                 |                  |                          |                  |                                   |                  |                                |                |

BBG: 19 SEPT 73

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                                 |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
|--|----------------------|----------------------------|-------------------------|-----------------------------------|-----------------------|--|------------------|---------------------------------|--|--|--|
| 1 SERIAL NUMBER  |                      | 2 NAME (LAST FIRST MIDDLE) |                         |                                   |                       |  |                  |                                 |  |  |  |
| 010032   |                      | WOODS JAMES S              |                         |                                   |                       |  |                  |                                 |  |  |  |
| 3 NATURE OF PERSONNEL ACTION                                     |                      |                            |                         |                                   |                       | 4 EFFECTIVE DATE   |                  | 5 CATEGORY OF EMPLOYMENT        |  |  |  |
| REASSIGNMENT, TRANSFER TO VOUCHERED FUNDS AND DELEGATION OF NSCA |                      |                            |                         |                                   |                       | 09 10 73   |                  | REGULAR                         |  |  |  |
| 6 FUNDS  |                      | 7. FAN AND NSCA            |                         | 8 CSC OR OTHER LEGAL AUTHORITY    |                       | 9 ORGANISATIONAL DESIGNATION   |                  | 10 LOCATION OF OFFICIAL STATION |  |  |  |
| X  |                      | 4230 0121 0002             |                         | 50 USC 403 J                      |                       | DDO/CCS<br>OFFICE OF THE CHIEF<br>RECORDS MANAGEMENT AND REGISTRY SEC  |                  | WASH., D.C.                     |  |  |  |
| 11 POSITION TITLE  |                      |                            |                         |                                   |                       | 12 POSITION NUMBER   |                  | 13 SERVICE DESIGNATION          |  |  |  |
| RECORDS ADMIN OF CH  |                      |                            |                         |                                   |                       | 0061   |                  | D                               |  |  |  |
| 14 CLASSIFICATION SCHEDULE (NSC 18-2)                            |                      |                            |                         | 15 OCCUPATIONAL SERIES            |                       | 16 GRADE AND STEP  |                  | 17 SALARY OR RATE               |  |  |  |
| GS   |                      |                            |                         | 0344.01                           |                       | 11 6   |                  | 16326                           |  |  |  |
| 18 REMARKS   |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| W-2 INFO: CIA  |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| HOME BASE: SS  |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL         |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| 19 ACTION CODE   | 20 EMP CODE          | 21 SERVICE CODING          | 22 STATION CODE         | 23 INTEREST CODE                  | 24 PRIORITY CODE      | 25 DATE OF BIRTH   | 26 DATE OF GRADE | 27 DATE OF LER                  |  |  |  |
| 16   | 10                   | 35160 - CCS                | 75013                   |                                   | 1                     | 02 20 28   |                  |                                 |  |  |  |
| 28 INT EXPIRES   | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA         | 31 SEPARATION DATA CODE | 32 CORRECTION / CANCELLATION DATE | 33 SECURITY REQ NO    | 34 SEX   |                  |                                 |  |  |  |
| XX XX XX   |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| 35 VET PREFERENCE  | 36 SERV COMP DATE    | 37 LONG COMP DATE          | 38 CAREER CATEGORY      | 39 FEGLI / HEALTH INSURANCE       | 40 SOCIAL SECURITY NO |  |                  |                                 |  |  |  |
|  |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE                          | 42 LEA / CAT CODE    | 43 FEDERAL TAX DATA        | 44 STATE TAX DATA       |                                   |                       |  |                  |                                 |  |  |  |
|  |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION                                |                      |                            |                         |                                   |                       |  |                  |                                 |  |  |  |
| FROM: EUR  |                      |                            |                         |                                   |                       | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED<br/>9-20-73<br/><i>[Signature]</i> </div> |                  |                                 |  |  |  |

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5335 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW<br>SALARY |
|---------------|--------|-------|-------|-----------|---------------|
| WOODS JAMES S | 010032 | 39    | 115   | V GS 11 6 | \$19,061      |

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

WOODS JAMES S

010032

42300121

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11737 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP   | NEW<br>SALARY |
|---------------|--------|-------|-------|-----------|---------------|
| WOODS JAMES S | 010032 | 39    | 115   | V GS 11 6 | \$17,116      |

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME        | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|-------------|--------|-------|-------|------------|---------------|
| WOODS JAMES | 010032 | 44    | 750   | CF GS 10 7 | \$15,331      |

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM  
7 JAN 1973 TO 1 OCT 1972 U.S.C. EXECUTIVE ORDER  
11777, DATED 12 APR 1974.



SECRET

(When Filled In)

LML: 13 FEB 73

| NOTIFICATION OF PERSONNEL ACTION   |  |                             |  |                         |  |                                     |  |                                 |  |                        |  |
|--|--|-----------------------------|--|-------------------------|--|-------------------------------------|--|---------------------------------|--|------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                         |  |                                     |  |                                 |  |                        |  |
| 010032   |  | WOODS JAMES S               |  |                         |  |                                     |  |                                 |  |                        |  |
| 3. NATURE OF PERSONNEL ACTION  |  |                             |  |                         |  | 4. EFFECTIVE DATE                   |  | 5. CATEGORY OF EMPLOYMENT       |  |                        |  |
| PROMOTION  |  |                             |  |                         |  | 02 04 73                            |  | REGULAR                         |  |                        |  |
| A. FUNDS   |  | V TO V                      |  | V TO OF                 |  | 7. Financial Analysis No Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY |  |                        |  |
| CF TO V  |  | X                           |  | CF TO OF                |  | 3135 1267 0000                      |  | 50 USC 403 J                    |  |                        |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |  |                             |  |                         |  | 10. LOCATION OF OFFICIAL STATION    |  |                                 |  |                        |  |
| DDP/EUROPEAN DIVISION<br>FOREIGN FIELD<br>ITALIAN AREA<br>ROME STATION<br>SUPPORT BRANCH |  |                             |  |                         |  | ROME, ITALY                         |  |                                 |  |                        |  |
| 11. POSITION TITLE   |  |                             |  |                         |  | 12. POSITION NUMBER                 |  | 13. SERVICE DESIGNATION         |  |                        |  |
| RECORDS ADM OF   |  |                             |  |                         |  | 0699                                |  | D                               |  |                        |  |
| 14. CLASSIFICATION SCHEDULE (GS, LS, etc.)   |  |                             |  | 15. OCCUPATIONAL SERIES |  | 16. GRADE AND STEP                  |  | 17. SALARY OR RATE              |  |                        |  |
| GS   |  |                             |  | 0344.01                 |  | 11 6                                |  | 16326                           |  |                        |  |
| 18. REMARKS  |  |                             |  |                         |  |                                     |  |                                 |  |                        |  |
| HOME BASE: IS  |  |                             |  |                         |  |                                     |  |                                 |  |                        |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                                 |  |                             |  |                         |  |                                     |  |                                 |  |                        |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING       |  | 22. STATION CODE                    |  | 23. INTERNAL CODE               |  | 24. INDICATOR          |  |
| 22   |  | 10                          |  | 44750 EUR               |  | 36533                               |  |                                 |  | 3                      |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE           |  | 27. DATE OF LEI         |  | 28. DATE OF BIRTH                   |  | 29. DATE OF GRADE               |  | 30. DATE OF LEI        |  |
| 02 03 74   |  | 02 04 73                    |  | 02 04 73                |  | 02 03 74                            |  | 02 04 73                        |  | 02 04 73               |  |
| 31. NTE EXPIRES  |  | 32. SPECIAL REFERENCE       |  | 33. RETIREMENT DATA     |  | 34. SECURITY DATA CODE              |  | 35. CONSENT OR CONSENTION DATA  |  | 36. SECURITY REQ NO    |  |
| 02 03 74   |  | 81                          |  |                         |  |                                     |  |                                 |  | EOD DATA               |  |
| 37. VET PREFERENCE   |  | 38. SERV COMP DATE          |  | 39. LONG COMP DATE      |  | 40. DUTY CATEGORY                   |  | 41. LEGAL/HEALTH INSURANCE      |  | 42. SOCIAL SECURITY NO |  |
| CODE   |  | MO DA YR                    |  | MO DA YR                |  | MO DA YR                            |  | MO DA YR                        |  | MO DA YR               |  |
| 1. NO  |  | 1. NO                       |  | 1. NO                   |  | 1. NO                               |  | 1. YES                          |  | 1. YES                 |  |
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CAUTION  
To avoid loss of information  
please keep this  
in safe place

When Filled In

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME          | SERIAL | ORGN. | FUNDS | GR | STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|----|---------|---------------|
| WOODS JAMES S | 010032 | 44    | 750   | CP | GS 10 7 | \$14,581      |

23 MAY 1971.

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

OCP

|   |                      |                                  |                      |
|---|----------------------|----------------------------------|----------------------|
| 1. SERIAL NUMBER  |                      | 2. NAME (LAST FIRST MIDDLE)      |                      |
| 010032  |                      | WOODS JAMES S                    |                      |
| 3. NATURE OF PERSONNEL ACTION   |                      | 4. EFFECTIVE DATE                |                      |
| REASSIGNMENT AND TRANSFER<br>TO CONFIDENTIAL FUNDS                                  |                      | MO DA YR<br>05 30 71             |                      |
| 5. CATEGORY OF EMPLOYMENT   |                      | 6. CSC OF OTHER LEGAL AUTHORITY  |                      |
| REGULAR   |                      | 50 USC 403 J                     |                      |
| 7. Financial Analysis No. Chargeable  |                      | 8. CSC OF OTHER LEGAL AUTHORITY  |                      |
| 1136 1267 0000  |                      | 50 USC 403 J                     |                      |
| 9. ORGANIZATION   |                      | 10. LOCATION OF OFFICIAL STATION |                      |
| DDP/EUR DIVISION<br>FOREIGN FIELD<br>ITALIAN AREA<br>ROME STATION<br>SUPPORT BRANCH |                      | ROME, ITALY                      |                      |
| 11. POSITION TITLE  |                      | 12. POSITION NUMBER              |                      |
| RECORDS ADM OF  |                      | 0699                             |                      |
| 13. SERVICE DESCRIPTION   |                      | 14. CLASSIFICATION (SEE 18.05)   |                      |
| D   |                      | GS                               |                      |
| 15. OCCUPATIONAL SERIES   |                      | 16. GRADE AND STEP               |                      |
| 0344.01   |                      | 10 7                             |                      |
| 17. SALARY OR RATE  |                      | 18. REMARKS                      |                      |
| 13821   |                      | HOME BASE: EUR                   |                      |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                            |                      |                                  |                      |
| 19. ACTION CODE   | 20. EMPLOY CODE      | 21. OFFICE CODE                  | 22. STATION CODE     |
| 20  | 10                   | 44525                            | EUR                  |
| 23. DATE OF BIRTH   | 24. DATE OF GRADE    | 25. DATE OF LEI                  | 26. DATE OF LEI      |
| MO DA YR<br>02 20 28  | MO DA YR<br>02 20 28 | MO DA YR<br>02 20 28             | MO DA YR<br>02 20 28 |
| 27. DATE OF BIRTH   | 28. DATE OF GRADE    | 29. DATE OF LEI                  | 30. DATE OF LEI      |
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SIGNATURE OR OTHER AUTHENTICATION

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ARS: 11 MARCH 71

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
|--|--|-----------------------------|--|---------------------------------------|--|--------------------------------------|--|---------------------------------------|--|--------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                       |  |                                      |  |                                       |  |                          |  |
| 010032   |  | WOODS JAMES S               |  |                                       |  |                                      |  |                                       |  |                          |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |  |                                       |  | 4. EFFECTIVE DATE                    |  | 5. CATEGORY OF EMPLOYMENT             |  |                          |  |
| CHANGE OF FAN  |  |                             |  |                                       |  | 02 18 71                             |  | REGULAR                               |  |                          |  |
| 6. FUNDS   |  | 7. TO V                     |  | 8. TO CF                              |  | 9. Financial Analysis No. Chargeable |  | 10. CSC OR OTHER LEGAL AUTHORITY      |  |                          |  |
| X  |  |                             |  |                                       |  | 1236 1186 0000                       |  | 50 USC 403 J                          |  |                          |  |
| 11. ORGANIZATIONAL DESIGNATIONS                          |  |                             |  |                                       |  | 12. LOCATION OF OFFICIAL STATION     |  |                                       |  |                          |  |
| OJP/EUR<br>DEVELOPMENT COMPLEMENT                        |  |                             |  |                                       |  | WASH., D.C.                          |  |                                       |  |                          |  |
| 13. POSITION TITLE                                       |  |                             |  |                                       |  | 14. POSITION NUMBER                  |  | 15. SERVICE DESIGNATION               |  |                          |  |
| RECORDS ADM OFFICER                                      |  |                             |  |                                       |  | 9957                                 |  | D                                     |  |                          |  |
| 16. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |  |                             |  | 17. OCCUPATIONAL SERIES               |  | 18. GRADE AND STEP                   |  | 19. SALARY OR RATE                    |  |                          |  |
| GS   |  |                             |  | 0344.01                               |  | 10 7                                 |  | 13b21                                 |  |                          |  |
| 20. REMARKS  |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| OTHER  |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| HOME BASE: EUR   |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| 21. ACTION CODE  |  | 22. EMPLOY CODE             |  | 23. OFFICE CODING                     |  | 24. STATION CODE                     |  | 25. INTEGRITY CODE                    |  | 26. FIDELITY CODE        |  |
| 37   |  | 16                          |  | 44997 EUR                             |  | 75013                                |  |                                       |  |                          |  |
| 27. DATE OF BIRTH  |  | 28. DATE OF GRADE           |  | 29. DATE OF LEI                       |  | 30. SPECIAL REFERENCE                |  | 31. RETIREMENT DATA                   |  | 32. SEPARATION DATA CODE |  |
| 02 20 28   |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| 33. VET PREFERENCE                                       |  | 34. SERV COMP DATE          |  | 35. LONG LEAVE DATE                   |  | 36. CAREER CATEGORY                  |  | 37. REGU HEALTH INSURANCE             |  | 38. SOCIAL SECURITY NO   |  |
|  |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| 39. PREVIOUS CIVILIAN GOVERNMENT SERVICE                 |  |                             |  | 40. LEAVE CAT CODE                    |  |                                      |  | 41. FEDERAL TAX DATA                  |  |                          |  |
|  |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |
| 42. SIGNATURE OF OTHER AUTHENTICATION                    |  |                             |  | 43. SIGNATURE OF OTHER AUTHENTICATION |  |                                      |  | 44. SIGNATURE OF OTHER AUTHENTICATION |  |                          |  |
|  |  |                             |  |                                       |  |                                      |  |                                       |  |                          |  |

FORM 11-70  
5-68Use Previous  
Edition

SECRET

800

POSTED  
712-714

FORM 11-70

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND  
EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|---------------|--------|-------|-------|------------|---------------|
| WOODS JAMES S | 010032 | 44    | 997   | V GS. 10 7 | \$13,821      |

ARS: 27 JAN 71

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
|---|-----------------|--------------------------------------|--|----------------------------------|----------------------------------|------------------------------|-------------------|------------------------|-----------------|
| OKF   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| 1. SERIAL NUMBER  |                 | 2. NAME (LAST-FIRST-MIDDLE)          |  |                                  |                                  |                              |                   |                        |                 |
| 010032  |                 | WOODS JAMES S                        |  |                                  |                                  |                              |                   |                        |                 |
| 3. NATURE OF PERSONNEL ACTION   |                 |                                      |  | 4. EFFECTIVE DATE                |                                  | 5. CATEGORY OF EMPLOYMENT    |                   |                        |                 |
| REASSIGNMENT AND TRANSFER TO<br>VOUCHERED FUNDS-CORRECTION  |                 |                                      |  | 01   10   71                     |                                  | REGULAR                      |                   |                        |                 |
| 6. FUNDS  |                 | 7. Financial Analysis No. Chargeable |  | 8. CSC OR OTHER LEGAL AUTHORITY  |                                  |                              |                   |                        |                 |
| X   |                 | 1234 1186 0000                       |  | 50 USC 403 J                     |                                  |                              |                   |                        |                 |
| 9. ORGANIZATIONAL DESIGNATIONS  |                 |                                      |  | 10. LOCATION OF OFFICIAL STATION |                                  |                              |                   |                        |                 |
| DDP/EUR<br>DEVELOPMENT COMPLEMENT   |                 |                                      |  | WASH., D.C.                      |                                  |                              |                   |                        |                 |
| 11. POSITION TITLE  |                 |                                      |  | 12. POSITION NUMBER              |                                  | 13. SERVICE DESIGNATION      |                   |                        |                 |
| RECORDS ADM OFFICER   |                 |                                      |  | 9997                             |                                  | D                            |                   |                        |                 |
| 14. CLASSIFICATION-SCHEDULE (GS, LR, etc.)  |                 | 15. OCCUPATIONAL SERIES              |  | 16. GRADE AND STEP               |                                  | 17. SALARY OR RATE           |                   |                        |                 |
| GS  |                 | 0344.01                              |  | 10 7                             |                                  | 13821                        |                   |                        |                 |
| 18. REMARKS   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| THIS ACTION CORRECTS FORM 1150 THE EFFECTIVE DATE WHICH READ 12/13/70 TO READ 01/10/71.   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| 19. ACTION CODE   | 20. EMPLOY CODE | 21. OFFICE CODING                    |  | 22. STATION CODE                 | 23. HOURS CODE                   | 24. HOURS CODE               | 25. DATE OF BIRTH | 26. DATE OF GRADE      | 27. DATE OF LEI |
| 58  | 18              | 44397 EUR                            |  | 75013                            |                                  |                              | 02 20 28          |                        |                 |
| 29. NTE EXP RES   |                 | 30. RETIREMENT DATA                  |  | 31. SEPARATION DATA CODE         | 32. CORRECTION/CONCILIATION DATA | 33. SECURITY REQ NO          |                   | 34. SEA                |                 |
|   |                 |                                      |  |                                  |                                  | EOD DATA                     |                   |                        |                 |
| 35. VET PREFERENCE  |                 | 36. SERV COMP DATE                   |  | 37. LONG COMP DATE               | 38. CAREER CATEGORY              | 39. FEGLI - HEALTH INSURANCE |                   | 40. SOCIAL SECURITY NO |                 |
|   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |                 |                                      |  | 42. LEAVE CAT CODE               |                                  | 43. FEDERAL TAX DATA         |                   | 44. STATE TAX DATA     |                 |
|   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| SIGNATURE OR OTHER AUTHENTICATION   |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |
| <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> 1-29-71 <i>Wm</i> </div> </div> |                 |                                      |  |                                  |                                  |                              |                   |                        |                 |

SECRET

(When Filled In)

AHS: 11 DEC 70

CCF

## NOTIFICATION OF PERSONNEL ACTION

|   |  |  |  |
|---|--|--|--|
| 1. SERIAL NUMBER<br>010032  |  | 2. NAME (LAST-FIRST-MIDDLE)<br>WOODS JAMES S             |  |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND TRANSFER TO<br>VOUCHERED FUNDS  |  |  | 4. EFFECTIVE DATE<br>NO. 12 13 70                      |
|   |  |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                   |
| 6. FUNDS  | V TO V<br>X  | V TO CF<br>CF TO V                                       | 7. Financial Analysis No. Chargeable<br>1236 1186 0000 |
|   |  | CF TO CF   | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J        |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DCP/EUR<br>DEVELOPMENT COMPLEMENT   |  | 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.          |  |
| 11. POSITION TITLE<br>RECORDS ADM OFF   |  | 12. POSITION NUMBER<br>9997                              | 13. SERVICE DESIGNATION<br>D                           |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  | 15. OCCUPATIONAL SERIES<br>0344.01                               | 16. GRADE AND STEP<br>10 7                               | 17. SALARY OR RATE<br>13041                            |
| 18. REMARKS<br>OTHER<br><br>HOME BASE: EUR  |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |
| 19. ACTION CODE<br>16   | 20. EMPLOY CODE<br>18  | 21. OFFICE CODE<br>NUMERIC<br>44597<br>ALPHABETIC<br>EUR | 22. STATION CODE<br>75013                              |
| 23. DATE OF BIRTH<br>12 20 26   | 24. DATE OF GRADE<br>12 20 26                                    | 25. DATE OF SET  | 26. DATE OF SET  |
| 27. LIFE EMPLOY<br>AND DA 18  | 28. SPECIAL REFERENCE<br>1. CODE<br>2. DIA<br>3. PIA<br>4. PHONE | 29. RETIREMENT DATA<br>CODE                              | 30. SEPARATION DATA CODE                               |
| 31. JET PREFERENCE<br>CODE 1. NONE<br>2. 12 11  | 32. SERV COMP DATE<br>MO DA 18                                   | 33. LONG COMP DATE<br>MO DA 18                           | 34. CAREER CATEGORY<br>CODE 1. YES<br>2. NO            |
| 35. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 1. NO PREVIOUS SERVICE<br>2. NO BREAK IN SERVICE<br>3. BREAK IN SERVICE (LESS THAN 3 YRS.)<br>4. BREAK IN SERVICE (MORE THAN 3 YRS.) | 36. LEAVE CAT CODE   | 37. FEDERAL TAX DATA<br>CODE 1. YES<br>2. NO             | 38. STATE TAX DATA<br>CODE 1. YES<br>2. NO             |
| 39. SIGNATURE OR OTHER AUTHENTICATION   |  |  |  |

POSTED

11 12-17-70

FORM 150  
1-69Use Previous  
Edition

SECRET

BBG

Get Out from Customer's  
Handwriting and  
Signature

(When Filled In)

|   |      |                |               |                    |      |          |                |                |     |
|---|------|----------------|---------------|--------------------|------|----------|----------------|----------------|-----|
| 1. SERIAL NO.   |      | 2. NAME        |               | 3. ORGANIZATION    |      | 4. FUNDS |                | 5. LWOP MONTHS |     |
| 010032  |      | WOODS JAMES S. |               | 44 525             |      | CF       |                |                |     |
| 6. OLD SALARY RATE  |      |                |               | 7. NEW SALARY RATE |      |          |                | 8. TYPE ACTION |     |
| Grade   | Step | Salary         | Last Eff Date | Grade              | Step | Salary   | EFFECTIVE DATE | SI             | ADD |
| GS 10   | 6    | \$12,679       | 07/28/68      | GS 10              | 7    | \$13,041 | 07/26/70       |                |     |
| CERTIFICATION AND AUTHENTICATION  |      |                |               |                    |      |          |                |                |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                |               |                    |      |          |                |                |     |
| SIGNATURE   |      |                |               |                    |      | DATE     |                |                |     |
| <i>[Signature]</i>  |      |                |               |                    |      | 6/23/70  |                |                |     |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                |               |                    |      |          |                |                |     |
| Clerk's INITIALS  |      |                |               | APPROVED BY        |      |          |                |                |     |
| [Initials]  |      |                |               | [Signature]        |      |          |                |                |     |
| FORM 7-66 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)  |      |                |               |                    |      |          |                |                |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

|               |        |       |       |            |            |
|---------------|--------|-------|-------|------------|------------|
| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
| WOODS JAMES S | 010032 | 44    | 525   | CF GS 10 6 | \$12,679   |

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1949

|               |        |       |       |            |            |
|---------------|--------|-------|-------|------------|------------|
| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
| WOODS JAMES S | 010032 | 44    | 525   | CF GS 10 7 | \$11,942   |



SECRET

(When Filled In)

4 NOV 68

## NOTIFICATION OF PERSONNEL ACTION

OCF

|  |   |   |  |
|--|---|---|--|
| 1. SERIAL NUMBER<br>010032   |   | 2. NAME (LAST FIRST MIDDLE)<br>WOODS JAMES S  |  |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT  |   | 4. EFFECTIVE DATE<br>MO DA YR<br>11 04 68   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                           |
| 6. FUNDS   | V TO V<br>CF TO V                                   | V TO CF<br>CF TO CF   | 7. Financial Analysis No. Chargeable<br>9136 1214 0000         |
|  | X   |   | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J                |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/EUR FOREIGN FIELD<br>BRITISH COMMONWEALTH REGION<br>LONDON STATION<br>SUPPORT BRANCH<br>REGISTRY SECTION |   | 10. LOCATION OF OFFICIAL STATION<br>LONDON, ENGLAND   |  |
| 11. POSITION TITLE<br>RECORDS ADM OF   |   | 12. POSITION NUMBER<br>0254   | 13. SERVICE DESIGNATION<br>D                                   |
| 14. CLASSIFICATION SCHEDULE (OS, IS, etc.)<br>GS   | 15. OCCUPATIONAL SERIES<br>0344.01                  | 16. GRADE AND STEP<br>10 6  | 17. SALARY OR RATE<br>10847                                    |
| 18. REMARKS  |   |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |   |  |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>10                               | 21. OFFICE CODING<br>NUMERIC ALPHABET<br>44525 EUR  | 22. STATION CODE<br>21025                                      |
| 23. INTEGREE CODE<br>3   | 24. EMPLOY CODE<br>MO DA YR<br>02 20 28             | 25. DATE OF BIRTH<br>MO DA YR   | 26. DATE OF GRADE<br>MO DA YR                                  |
| 27. DATE OF LET<br>MO DA YR  | 28. DATE OF BIRTH<br>MO DA YR                       | 29. SPECIAL REFERENCE<br>MO DA YR<br>11 03 70 83  | 30. PERMANENT DATA<br>1. CSC<br>2. C.A.<br>3. PCA<br>4. P.C.A. |
| 31. SEPARATION DATA CODE   | 32. CORRECTION / CANCELLATION DATA<br>TYPE MO DA YR | 33. SECURITY REQ. NO.   | 34. SEX  |
| 35. VET PREFERENCE<br>1. YES<br>2. NO  | 36. SERV. COMP. DATE<br>MO DA YR                    | 37. LONG. COMP. DATE<br>MO DA YR  | 38. CAREER CATEGORY<br>CAR. CODE<br>PROG. TEMP.                |
| 39. HEALTH / HEALTH INSURANCE<br>CODE 1. YES<br>2. NO  | 40. SOCIAL SECURITY NO.                             | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>1. NO PREVIOUS SERVICE<br>2. NO BASIS IN SERVICE<br>3. BASIS IN SERVICE (DISQUALIFIED 1951)<br>4. BASIS IN SERVICE (NOT 1951) | 42. LEAVE CAT. CODE  |
| 43. FEDERAL TAX DATA<br>CODE<br>1. YES<br>2. NO  | 44. STATE TAX DATA<br>CODE<br>1. YES<br>2. NO       | 45. FEDERAL TAX DATA<br>CODE<br>1. YES<br>2. NO   | 46. STATE TAX DATA<br>CODE<br>1. YES<br>2. NO                  |
| SIGNATURE OR OTHER AUTHENTICATION  |   |   |  |
| FROM FE  |   |   |  |

FORM 5-64 1150  
May 10-67

Use Previous Edition

SECRET

SE

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

VO: 16 AUG 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

DCF

|   |   |   |  |
|---|---|---|--|
| 1. SERIAL NUMBER<br><b>010032</b>                             |   | 2. NAME (LAST FIRST MIDDLE)<br><b>WOODS JAMES S</b>   |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>PROMOTION</b>             |   | 4. EFFECTIVE DATE<br><b>07 28 68</b>  |  |
| 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>                   |   | 6. FUNDS<br><b>V TO V</b>   |  |
| 7. Financial Analysts Not Chargeable<br><b>9137 1487 0000</b> |   | 8. CSC OR OTHER LEGAL AUTHORITY<br><b>50 USC 403 J</b>  |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/FE FOREIGN FIELD</b> |   | 10. LOCATION OF OFFICIAL STATION<br><b>SAIGON, SOUTH VIET NAM</b>   |  |
| 11. POSITION TITLE<br><b>RECORDS ADMIN OF</b>                 |   | 12. POSITION NUMBER<br><b>4984</b>  |  |
| 13. SERVICE DESIGNATION<br><b>D</b>                           |   | 14. CLASSIFICATION SCHEDULE (OS, LB, etc.)<br><b>GS</b>   |  |
| 15. OCCUPATIONAL SERIES<br><b>0344.01</b>                     |   | 16. GRADE AND STEP<br><b>10 6</b>   |  |
| 17. SALARY OR RATE<br><b>10847</b>                            |   | 18. REMARKS<br><b>RECORDS ADMIN OFFICER OCCUPYING 10 GENERAL POSITION</b>   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL      |   |   |  |
| 19. ACTION CODE<br><b>22</b>                                  | 20. EMPLOY CODE<br><b>10</b>  | 21. OFFICE CODING<br>NUMERIC<br><b>45500</b><br>ALPHABETIC<br><b>FE</b>   | 22. STATION CODE<br><b>77205</b>           |
| 23. INTEROFF CODE<br><b>3</b>                                 | 24. HIRING CODE<br><b>02 20 28</b>  | 25. DATE OF BIRTH<br><b>07 28 68</b>  | 26. DATE OF GRADE<br><b>07 28 68</b>       |
| 27. DATE OF LET<br><b>07 28 68</b>                            | 28. NOTE EXPIRES<br>MO DA YR<br><b>07 28 68</b>                                 | 29. SPECIAL REFERENCE<br>1. FSC<br>2. CIA<br>3. FICA<br>4. FIDELITY   | 30. RETIREMENT DATA<br>CODE                |
| 31. SEPARATION DATA CODE                                      | 32. CORRECTION - CANCELLATION DATA<br>TYPE MO DA YR<br><b>MOD DATA</b>          | 33. SECURITY RTO PNO  | 34. SEC                                    |
| 35. VET PREFERENCE<br>CODE 0 NONE<br>1 5 YR<br>2 10 YR        | 36. SERV. COMP DATE<br>MO DA YR   | 37. LONG COMP DATE<br>MO DA YR  | 38. CAREER CATEGORY<br>CAR 35W<br>PROV 15W |
| 39. FLIGHT / HEALTH INSURANCE<br>CODE 0 NO<br>1 YES           | 40. SOCIAL SECURITY NO.   | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 BREAK IN SERVICE (MORE THAN 3 YRS) | 42. LEAVE CAT. CODE                        |
| 43. FEDERAL TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO        | 44. STATE TAX DATA<br>CODE NO TAX EXEMPT CODE<br>FORM EXECUTED<br>1 YES<br>2 NO | 45. SIGNATURE OR OTHER AUTHENTICATION   |  |

POSTED  
*[Signature]*  
16 SEP 68

FORM 1150  
10-67

Use Previous  
Edition

SECRET

FOUO

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

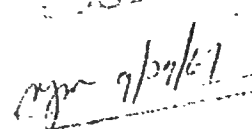
| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | OLD SALARY | NEW SALARY |
|---------------|--------|-------|-------|------------|------------|------------|
| WOODS JAMES S | 010032 | 45    | 500   | CF GS 09 7 | \$ 9,668   | \$10,154   |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME          | SERIAL | ORGN. | FUNDS | GR-STEP    | OLD SALARY | NEW SALARY |
|---------------|--------|-------|-------|------------|------------|------------|
| WOODS JAMES S | 010032 | 45    | 500   | CF GS 09 7 | \$ 9,202   | \$ 9,668   |

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |                         |          |                                  |                                      |                                |                                 |  |
|---|--|-----------------------------|-------------------------|----------|----------------------------------|--------------------------------------|--------------------------------|---------------------------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST-FIRST MIDDLE) |                         |          |                                  |                                      |                                |                                 |  |
| 010032  |  | WOODS JAMES S               |                         |          |                                  |                                      |                                |                                 |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |                         |          | 4. EFFECTIVE DATE                |                                      | 5. CATEGORY OF EMPLOYMENT      |                                 |  |
| REASSIGNMENT  |  |                             |                         |          | 05   21   67                     |                                      |                                |                                 |  |
| 6. FUNDS  |  | V TO V                      |                         | V TO OF  |                                  | 7. FINANCIAL ANALYSIS NO. CHARGEABLE |                                | 8. CSC OR OTHER LEGAL AUTHORITY |  |
| OF TO V   |  | X                           |                         | OF TO OF |                                  | 7137 1487 0000                       |                                |                                 |  |
| 9. ORGANIZATIONAL DESIGNATION   |  |                             |                         |          | 10. LOCATION OF OFFICIAL STATION |                                      |                                |                                 |  |
| DDP&F DIVISION  |  |                             |                         |          | SAIGON, SOUTH VIET NAM           |                                      |                                |                                 |  |
| 11. POSITION TITLE  |  |                             |                         |          | 12. POSITION NUMBER              |                                      | 13. CAREER SERVICE DESIGNATION |                                 |  |
| RECORDS ADMIN OF  |  |                             |                         |          | 4965                             |                                      | D                              |                                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |  |                             | 15. OCCUPATIONAL SERIES |          | 16. GRADE AND STEP               |                                      | 17. SALARY OR RATE             |                                 |  |
| GS  |  |                             | 0344,01                 |          | 09                               |                                      |                                |                                 |  |
| 18. REMARKS   |  |                             |                         |          |                                  |                                      |                                |                                 |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |                         |          |                                  |                                      |                                |                                 |  |
|  |  |                             |                         |          |                                  |                                      |                                |                                 |  |

Form 11508  
7-66 MFG. 9-66

Use Previous  
Edition

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-51)

MRT: 9 DEC 66

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

|  |  |   |   |
|--|--|---|---|
| 1. SERIAL NUMBER<br><b>010032</b>  |  | 2. NAME (LAST-FIRST-MIDDLE)<br><b>WOODS JAMES S</b>   |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b> |  | 4. EFFECTIVE DATE<br>MO: <b>12</b> DA: <b>18</b> YR: <b>66</b>  |   |
| 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>  |  | 6. COST CENTER NO. CHARGEABLE<br><b>7137 1566 0000</b>  |   |
| 7. CFC OR OTHER LEGAL AUTHORITY<br><b>PL 88-643 SECT. 203</b>  |  | 8. FUND<br><b>FUNDS</b>   |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/FE</b>  |  | 10. LOCATION OF OFFICIAL STATION<br><b>Saigon, South Viet Nam<br/>Tokyo, Japan</b>  |   |
| 11. POSITION TITLE   |  | 12. POSITION NUMBER   |   |
| 13. SERVICE DESIGNATION<br><b>D</b>  |  | 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  |   |
| 15. OCCUPATIONAL SERIES  |  | 16. GRADE AND STEP<br><b>09</b>   |   |
| 17. SALARY OR RATE   |  | 18. REMARKS<br><b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>            |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |   |
| 19. ACTION CODE  | 20. EMPLOY CODE  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC   | 22. STATION CODE  |
| 23. INTEGRATE CODE   | 24. MGRS CODE  | 25. DATE OF BIRTH<br>MO DA YR   | 26. DATE OF GRADE<br>MO DA YR   |
| 27. DATE OF LEI<br>MO DA YR  | 28. NTE RATES<br>MO DA YR  | 29. SPECIAL REFERENCE   | 30. RETIREMENT DATA<br>1 - CSC<br>2 - FICA<br>3 - NONE<br>CODE <b>2</b> |
| 31. SEPARATION DATA CODE   | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR                | 33. SECURITY REQ NO   | 34. SEX   |
| 35. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT<br>2 - 10 PT  | 36. SERV COMP DATE<br>MO DA YR                                   | 37. LONG COMP. DATE<br>MO DA YR   | 38. CAREER CATEGORY<br>CAR YES<br>PROV EMP                              |
| 39. FEGLI / HEALTH INSURANCE<br>CODE 0 - WAIVER<br>1 - YES   | 40. SOCIAL SECURITY NO.  | 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) | 42. LEAVE CAT. CODE   |
| 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO                          | 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMP STATE CODE | 45. SIGNATURE OR OTHER AUTHENTICATION   |   |

FORM 11-62 1150

Use Previous Edition

SECRET

POSTED


12-14-66

1150  
Include this message  
REPLYING TO  
- Enclosure -

(When Filled In)

MRT: 8 DEC 66

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |
|--|--|---------------------------------|--|-------------------------|--|----------------------------------|--|----------------------------------|--|-------------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST-FIRST-MIDDLE)     |  |                         |  |                                  |  |                                  |  |                         |  |
| 010032   |  | WOODS JAMES S                   |  |                         |  |                                  |  |                                  |  |                         |  |
| 3. NATURE OF PERSONNEL ACTION  |  |                                 |  |                         |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT        |  |                         |  |
| REASSIGNMENT   |  |                                 |  |                         |  | 12   08   66                     |  | REGULAR                          |  |                         |  |
| 6. FUNDS   |  | 7. TO V                         |  | 8. TO CF                |  | 7. COST CENTER NO. CHARGEABLE    |  | 8. CSC OR OTHER LEGAL AUTHORITY  |  |                         |  |
| CF TO V  |  | X                               |  | CF TO CF                |  | 7137 1487 0000                   |  | 50 USC 403 J                     |  |                         |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |  |                                 |  |                         |  | 10. LOCATION OF OFFICIAL STATION |  |                                  |  |                         |  |
| DDP/FE<br>FOREIGN FIELD<br>FE/VNC - VIETNAM STATION<br>EXECUTIVE OFFICE<br>REGISTRY SECTION  |  |                                 |  |                         |  | SAIGON, SOUTH VIET NAM           |  |                                  |  |                         |  |
| 11. POSITION TITLE   |  |                                 |  |                         |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION          |  |                         |  |
| RECORDS ADMIN OF   |  |                                 |  |                         |  | 4127                             |  | D                                |  |                         |  |
| 14. CLASSIFICATION SCHEDULE (GS, LR, etc.)   |  |                                 |  | 15. OCCUPATIONAL SERIES |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE               |  |                         |  |
| GS   |  |                                 |  | 0344.01                 |  | 09 7                             |  | 9262                             |  |                         |  |
| 18. REMARKS  |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE                 |  | 21. OFFICE CODING       |  | 22. STATION CODE                 |  | 23. INTEGREE CODE                |  | 24. INDICATOR CODE      |  |
| 37   |  | 10                              |  | 455000 FE               |  | 77205                            |  | 3                                |  | 02   20   28            |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE               |  | 27. DATE OF LEI         |  | 28. DATE OF BIRTH                |  | 29. DATE OF GRADE                |  | 30. DATE OF LEI         |  |
| MO DA YR   |  | MO DA YR                        |  | MO DA YR                |  | MO DA YR                         |  | MO DA YR                         |  | MO DA YR                |  |
| 02   20   28   |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |
| 31. HTE EXPIRES  |  | 32. SPECIAL REFERENCE           |  | 33. RETIREMENT DATA     |  | 34. SEPARATION DATA CODE         |  | 35. CORRECTION/CANCELLATION DATA |  | 36. SECURITY REQ NO.    |  |
| MO DA YR   |  | 1 - CSC<br>2 - PICA<br>3 - NONE |  | CODE                    |  | TYPE                             |  | MO DA YR                         |  | 37. SEX                 |  |
|  |  |                                 |  |                         |  |                                  |  | EOD DATA                         |  |                         |  |
| 38. VET. PREFERENCE  |  | 39. SERV. COMP DATE             |  | 40. LONG COMP. DATE     |  | 41. CAREER CATEGORY              |  | 42. PEST / HEALTH INSURANCE      |  | 43. SOCIAL SECURITY NO. |  |
| CODE   |  | MO DA YR                        |  | MO DA YR                |  | CAN DESV<br>SPON TEMP            |  | CODE                             |  | CODE                    |  |
| 0 - NONE<br>1 - 5 PT.<br>2 - 10 PT.  |  |                                 |  |                         |  |                                  |  | HEALTH INS CODE                  |  |                         |  |
| 44. PREVIOUS GOVERNMENT SERVICE DATA   |  |                                 |  | 45. LEAVE CAT. CODE     |  | 46. FEDERAL TAX DATA             |  | 47. STATE TAX DATA               |  |                         |  |
| CODE   |  |                                 |  | CODE                    |  | FORM PRECUT CODE                 |  | CODE                             |  |                         |  |
| 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |  |                                 |  |                         |  | NO TAX EXEMPTIONS                |  | FORM PRECUT CODE                 |  |                         |  |
|  |  |                                 |  |                         |  | 1 - YES<br>2 - NO                |  | 1 - YES<br>2 - NO                |  |                         |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |
| <div style="text-align: center;">  </div>           |  |                                 |  |                         |  |                                  |  |                                  |  |                         |  |

FORM 11-62 1150

Use Previous Edition

SECRET

**POSTED**  
 12-12-66

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

|               |        |      |       |            |               |               |
|---------------|--------|------|-------|------------|---------------|---------------|
| NAME          | SERIAL | ORGN | FUNDS | GR-STEP    | OLD<br>SALARY | NEW<br>SALARY |
| WOODS JAMES S | Q10032 | 45   | 380   | CF GS 09 7 | \$ 9,003      | \$ 9,262      |

|   |      |               |              |                       |      |               |                |                |     |     |
|---|------|---------------|--------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No.                             |      | 2. Name       |              | 3. Cost Center Number |      | 4. LWOP Hours |                |                |     |     |
| Q10032                                    |      | WOODS JAMES S |              | 45 380 CF             |      |               |                |                |     |     |
| 5. OLD SALARY RATE                        |      |               |              | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |     |
| Grade                                     | Step | Salary        | Last EH Date | Grade                 | Step | Salary        | Effective Date | PSI            | LSI | ADI |
| GS-09                                     | 6    | \$8719        | 11/07/65     | GS-09                 | 7    | \$9003        | 03/27/66       |                |     |     |
| 8. Remarks and Authentication             |      |               |              |                       |      |               |                |                |     |     |
| QUALITY STEP INCREASE                     |      |               |              |                       |      |               |                |                |     |     |
| /s/ Emmett D. Roberts Date: 31 March 1966 |      |               |              |                       |      |               |                |                |     |     |
| PAY CHANGE NOTIFICATION                   |      |               |              |                       |      |               |                |                |     |     |

Form 560  
9-61

Obtain from  
Eaton

(4-51)

|   |      |               |              |                       |      |               |                |                |     |     |
|---|------|---------------|--------------|-----------------------|------|---------------|----------------|----------------|-----|-----|
| 1. Serial No.                             |      | 2. Name       |              | 3. Cost Center Number |      | 4. LWOP Hours |                |                |     |     |
| Q10032                                    |      | WOODS JAMES S |              | 45 380 CF             |      |               |                |                |     |     |
| 5. OLD SALARY RATE                        |      |               |              | 6. NEW SALARY RATE    |      |               |                | 7. TYPE ACTION |     |     |
| Grade                                     | Step | Salary        | Last EH Date | Grade                 | Step | Salary        | Effective Date | PSI            | LSI | ADI |
| GS-09                                     | 6    | \$8719        | 11/07/65     | GS-09                 | 7    | \$9003        | 03/27/66       |                |     |     |
| 8. Remarks and Authentication             |      |               |              |                       |      |               |                |                |     |     |
| QUALITY STEP INCREASE                     |      |               |              |                       |      |               |                |                |     |     |
| /s/ Emmett D. Roberts Date: 31 March 1966 |      |               |              |                       |      |               |                |                |     |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 2 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME          | SERIAL | ORGN. | FUND | GR-STEP    | OLD<br>SALARY | NEW<br>SALARY |
|---------------|--------|-------|------|------------|---------------|---------------|
| WOODS JAMES S | 010032 | 45    | 380  | CF GS 09 3 | \$ 8,200      | \$ 8,495      |

12

10F

|  |      |               |                |                         |      |               |                |
|--|------|---------------|----------------|-------------------------|------|---------------|----------------|
| 1. Serial No.  |      | 2. Name       |                | 3. Civil Control Number |      | 4. LWOP Hours |                |
| 010032   |      | WOODS JAMES S |                | 45 380 CF               |      |               |                |
| 5. OLD SALARY RATE   |      |               |                | 6. NEW SALARY RATE      |      |               |                |
| Grade  | Step | Salary        | Last Eff. Date | Grade                   | Step | Salary        | Effective Date |
|  |      | 8195          |                |                         |      | 8749          |                |
| GS 09 3  |      |               | 11/10/63       | GS 09 6                 |      |               | 11/07/65       |
| 7. TYPE ACTION   |      |               |                |                         |      |               |                |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS: _____ AUDITED BY: _____ |      |               |                |                         |      |               |                |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.  |      |               |                |                         |      |               |                |
| SIGNATURE: _____ DATE: 11 October 65   |      |               |                |                         |      |               |                |
| PAY CHANGE NOTIFICATION  |      |               |                |                         |      |               |                |

Form 9-61 360



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |          |                               |                                  |                                 |                                |                |  |  |  |
|---|----------|-------------------------------|----------------------------------|---------------------------------|--------------------------------|----------------|--|--|--|
| ADPD 09/18/64   |          |                               |                                  |                                 |                                |                |  |  |  |
| 1. SERIAL NUMBER  |          | 2. NAME (LAST FIRST MIDDLE)   |                                  |                                 |                                |                |  |  |  |
| 010032  |          | WOODS JAMES S                 |                                  |                                 |                                |                |  |  |  |
| 3. NATURE OF PERSONNEL ACTION   |          |                               | 4. EFFECTIVE DATE                |                                 | 5. CATEGORY OF EMPLOYMENT      |                |  |  |  |
| REASSIGNMENT  |          |                               | 09 18 64                         |                                 |                                |                |  |  |  |
| 6. FUNDS  |          | 7. COST CENTER NO. CHARGEABLE |                                  | 8. CSC OR OTHER LEGAL AUTHORITY |                                |                |  |  |  |
| <table border="1"> <tr> <td>V TO V</td> <td>V DP D</td> </tr> <tr> <td>D TO V</td> <td>X D DP D</td> </tr> </table>                 |          | V TO V                        | V DP D                           | D TO V                          | X D DP D                       | 5137 1266 0000 |  |  |  |
| V TO V  | V DP D   |                               |                                  |                                 |                                |                |  |  |  |
| D TO V  | X D DP D |                               |                                  |                                 |                                |                |  |  |  |
| 9. ORGANIZATION (OFFICE/SECTION)  |          |                               | 10. LOCATION OF OFFICIAL STATION |                                 |                                |                |  |  |  |
| DDP/FE DIVISION<br>JKO TOKYO CEN REG REC  |          |                               | TOKYO JAPAN                      |                                 |                                |                |  |  |  |
| 11. POSITION TITLE  |          |                               | 12. POSITION NUMBER              |                                 | 13. CAREER SERVICE DESIGNATION |                |  |  |  |
| INTEL ANALYST CH  |          |                               | 4466                             |                                 | D                              |                |  |  |  |
| 14. CLASSIFICATION SCHEME (GS, LB, etc.)  |          | 15. OCCUPATIONAL SERIES       |                                  | 16. GRADE AND STEP              |                                |                |  |  |  |
| GS  |          | 0132.33                       |                                  | 09                              |                                |                |  |  |  |
| 17. SALARY OR RATE  |          |                               |                                  |                                 |                                |                |  |  |  |
| 18. REMARKS   |          |                               |                                  |                                 |                                |                |  |  |  |
| SIGNATURE OF OTHER AUTHENTICATION   |          |                               |                                  |                                 |                                |                |  |  |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/>           9/24/64 MWS         </div> |          |                               |                                  |                                 |                                |                |  |  |  |

Form 11209  
1-63 MAR 63

Use Previous  
Edition

**SECRET**

16-1  
Excludes from automatic  
downgrading and  
declassification

(When Filled In)

16-51

**SECRET**  
(When Filled In)

AES: 16 MARCH 61

| NOTIFICATION OF PERSONNEL ACTION  |                       |  |  |   |                        |   |  |   |                             |
|---|-----------------------|--|--|---|------------------------|---|--|---|-----------------------------|
| 1. SERIAL NUMBER  |                       | 2. NAME (LAST FIRST-MIDDLE)                          |  |   |                        |   |  |   |                             |
| 010032  |                       | WOODS JAMES S  |  |   |                        |   |  |   |                             |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT & TRANSFER TO<br>CONFIDENTIAL FUNDS*  |                       |  |  | 4. EFFECTIVE DATE<br>MO DA YR<br>03 19 61       |                        | 5. CATEGORY OF EMPLOYMENT<br>REGULAR      |  |   |                             |
| 6. FUNDS  |                       | V TO V   |  | X   |                        | V TO CF                                   |  | 7. COST CENTER NO. CHARGEABLE                 |                             |
|   |                       | CF TO V  |  |   |                        | CF TO CF                                  |  | 1137 7351 1000                                |                             |
|   |                       |  |  |   |                        |   |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 |                             |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP FE<br>FE/JAO TOKYO STATION<br>OFFICE OF THE CHIEF<br>CENTRAL REGISTRY AND RECORDS SEC           |                       |  |  | 10. LOCATION OF OFFICIAL STATION<br>TOKYO JAPAN |                        |   |  |   |                             |
| 11. POSITION TITLE<br>INTEL ANALYST GEN   |                       |  |  | 12. POSITION NUMBER<br>3061                     |                        | 13. CAREER SERVICE DESIGNATION<br>D       |  |   |                             |
| 14. CLASSIFICATION SCHEDULE (GS, WD, etc.)<br>GS  |                       | 15. OCCUPATIONAL SERIES<br>0132.36                   |  | 16. GRADE AND STEP<br>09 3                      |                        | 17. SALARY OR RATE<br>6765                |  |   |                             |
| 18. REMARKS<br>*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.   |                       |  |  |   |                        |   |  |   |                             |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                       |  |  |   |                        |   |  |   |                             |
| 19. ACTION CODE<br>20   | 20. EMPLOY CODE<br>10 | 21. OFFICE CODING<br>SYMBOLIC ALPHABETIC<br>56380 FE |  | 22. STATION CODE<br>37587                       | 23. INTERSEE CODE<br>3 | 24. DATE OF BIRTH<br>MO DA YR<br>02 20 28 |  | 25. DATE OF GRADE<br>MO DA YR                 | 26. DATE OF LES<br>MO DA YR |
| 27. VET PREFERENCE  |                       | 28. SERV. COMP. DATA                                 |  | 29. LONG COMP. DATE                             |                        | 30. MIL. SERV. CREDIT/LED                 |  | 31. FEGLI / HEALTH INSURANCE                  |                             |
| CODE  |                       | CODE   |  | CODE  |                        | CODE                                      |  | CODE  |                             |
| 1 - YES<br>2 - NO   |                       | 1 - YES<br>2 - NO                                    |  | 1 - YES<br>2 - NO                               |                        | 1 - YES<br>2 - NO                         |  | 1 - YES<br>2 - NO                             |                             |
| 32. SPECIAL REFERENCE   |                       | 33. RETIREMENT DATA                                  |  | 34. SEPARATION DATA CODE                        |                        | 35. CORRECTION/CANCELLATION DATA          |  | 36. SOCIAL SECURITY NO.                       |                             |
| MO DA YR  |                       | CODE   |  | CODE  |                        | CODE                                      |  | CODE  |                             |
| 1 - CSC<br>2 - FICA<br>3 - NONE   |                       | 1 - YES<br>2 - NO                                    |  | 1 - YES<br>2 - NO                               |                        | 1 - YES<br>2 - NO                         |  | 1 - YES<br>2 - NO                             |                             |
| 37. PREVIOUS GOVERNMENT SERVICE DATA  |                       | 38. LEAVE CAT. CODE                                  |  | 39. FEDERAL TAX DATA                            |                        | 40. STATE TAX DATA                        |  | 41. SOCIAL SECURITY NO.                       |                             |
| CODE  |                       | CODE   |  | CODE  |                        | CODE                                      |  | CODE  |                             |
| 1 - NO PREVIOUS SERVICE<br>2 - BREAK IN SERVICE<br>3 - BREAK IN SERVICE (LESS THAN 12 MOS)<br>4 - BREAK IN SERVICE (MORE THAN 12 MOS) |                       | 1 - YES<br>2 - NO                                    |  | 1 - YES<br>2 - NO                               |                        | 1 - YES<br>2 - NO                         |  | 1 - YES<br>2 - NO                             |                             |
| SIGNATURE OR OTHER AUTHENTICATION   |                       |  |  |   |                        |   |  |   |                             |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> 03/22/61 RK </div>                     |                       |  |  |   |                        |   |  |   |                             |

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1967.

| NAME          | SERIAL | ORGN | FUNDS | GR-ST      | OLD SALARY | NEW SALARY |
|---------------|--------|------|-------|------------|------------|------------|
| WOODS JAMES S | 010032 | 45   | 380   | CF GS 09 5 | \$ 7,575   | \$ 7,950   |

|   |      |               |               |                       |      |               |                |
|---|------|---------------|---------------|-----------------------|------|---------------|----------------|
| 1. Serial No  |      | 2. Name       |               | 3. Cost Center Number |      | 4. LWOP Hours |                |
| 010032  |      | WOODS JAMES S |               | 56 380 CF //          |      |               |                |
| 5. OLD SALARY RATE  |      |               |               | 6. NEW SALARY RATE    |      |               |                |
| Grade   | Step | Salary        | Last Eff Date | Grade                 | Step | Salary        | Effective Date |
| GS 09   | 4    | \$ 7,350      | 11/12/61      | GS 09                 | 5    | \$ 7,975      | 11/10/62       |
| 7. TYPE ACTION  |      |               |               |                       |      |               |                |
| PM LM ADJ   |      |               |               |                       |      |               |                |
| 8. Remarks and Authorization  |      |               |               |                       |      |               |                |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY<br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i><br>PAY CHANGE NOTIFICATION |      |               |               |                       |      |               |                |

Form 9-61 560

Obsolete Previous Edition

(4-51)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 13 OCTOBER 1966

| NAME          | SERIAL | ORGN  | FUNDS   | GR-ST    | OLD SALARY | NEW SALARY |
|---------------|--------|-------|---------|----------|------------|------------|
| WOODS JAMES S | 010032 | 45380 | CF 09 4 | \$ 6,950 | \$ 7,280   |            |

| 6. OLD SALARY RATE |      |          |                     |    |    | 7. NEW SALARY RATE |      |          |                |    |    |
|--------------------|------|----------|---------------------|----|----|--------------------|------|----------|----------------|----|----|
| GRADE              | STEP | SALARY   | LAST EFFECTIVE DATE |    |    | GRADE              | STEP | SALARY   | EFFECTIVE DATE |    |    |
|                    |      |          | DD                  | MM | YY |                    |      |          | DD             | MM | YY |
| GS 09              | 2    | \$ 6,600 | 11                  | 15 | 59 | GS 09              | 3    | \$ 6,749 | 11             | 13 | 60 |

**TO BE COMPLETED BY THE OFFICE OF COMPTROLLER**

8. CHECK ONE ☒ EXCESS LWOP ☐ EXCESS LWOP  
 IF EXCESS LWOP, CHECK FOLLOWING:  
☐ IN PAY STATUS AT END OF WAITING PERIOD  
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

**TO BE COMPLETED BY THE OFFICE OF PERSONNEL**

12. TYPE OF ACTION  
☐ P.S.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS

14. AUTHENTICATION

**SECRET**

**PAY CHANGE NOTIFICATION**

FORM 560

OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

SECRET  
(When Filled In)

| 1. Serial No. | 2. Name       | 3. Cost Center Number | 4. LWOP Hours |
|---------------|---------------|-----------------------|---------------|
| 10032         | WOODS JAMES S | DDP/FF 11 UV          |               |

| 5. OLD SALARY RATE |      |        |                | 6. NEW SALARY RATE |      |        |                | 7. TYPE ACTION |        |      |
|--------------------|------|--------|----------------|--------------------|------|--------|----------------|----------------|--------|------|
| Grade              | Step | Salary | Last Eff. Date | Grade              | Step | Salary | Effective Date | P.S.I.         | L.S.I. | ADJ. |
| GS                 | 09   | 3      | \$ 6,765       | 11/13/60           | GS   | 4      | \$ 6,930       | 11/12/61       |        |      |

8. Remarks and Authentication

/ / NO EXCESS LWOP  
 / / IN PAY STATUS AT END OF WAITING PERIOD  
 / / IN LWOP STATUS AT END OF WAITING PERIOD

**SECRET**

**PAY CHANGE NOTIFICATION**

OBSOLETE PREVIOUS

SECRET

(4-31)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

|    |               |        |       |         |            |            |
|----|---------------|--------|-------|---------|------------|------------|
| SD | NAME          | SERIAL | ORGN  | GR-ST   | OLD SALARY | NEW SALARY |
| 01 | WOODS JAMES S | 110032 | 51 12 | GS-09 2 | \$ 6,139   | \$ 6,600   |

**SECRET**  
(WHEN FILLED IN)

|  |          |                                 |                     |           |                                   |                         |                         |                 |                            |           |           |
|--|----------|---------------------------------|---------------------|-----------|-----------------------------------|-------------------------|-------------------------|-----------------|----------------------------|-----------|-----------|
| 1. EMP. SERIAL NO.<br><b>110032</b>  |          | 2. NAME<br><b>WOODS JAMES S</b> |                     |           | 3. ASSIGNED ORG.<br><b>DDP/FE</b> |                         | 4. FUNDS<br><b>V-20</b> |                 | 5. ALLOTMENT<br><b>-37</b> |           |           |
| 6. OLD SALARY RATE   |          |                                 |                     |           |                                   | 7. NEW SALARY RATE      |                         |                 |                            |           |           |
| GRADE  | STEP     | SALARY                          | LAST EFFECTIVE DATE |           |                                   | GRADE                   | STEP                    | SALARY          | EFFECTIVE DATE             |           |           |
|  |          |                                 | MO                  | DA.       | YR.                               |                         |                         |                 | MO                         | DA.       | YR.       |
| <b>GS 9</b>  | <b>1</b> | <b>\$ 5,984</b>                 | <b>11</b>           | <b>16</b> | <b>58</b>                         | <b>GS 9</b>             | <b>2</b>                | <b>\$ 6,135</b> | <b>11</b>                  | <b>15</b> | <b>59</b> |
| <b>TO BE COMPLETED BY THE OFFICE OF COMPTROLLER</b>  |          |                                 |                     |           |                                   |                         |                         |                 |                            |           |           |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP<br>IF EXCESS LWOP, CHECK FOLLOWING:<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD |          |                                 |                     |           |                                   | 9. NUMBER OF HOURS LWOP |                         |                 |                            |           |           |
|  |          |                                 |                     |           |                                   | 10. INITIALS OF CLERK   |                         |                 | 11. AUDITED BY             |           |           |
| <b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b>  |          |                                 |                     |           |                                   |                         |                         |                 |                            |           |           |
| 12. TYPE OF ACTION<br><br><input type="checkbox"/> P.S.I. <input type="checkbox"/> S.S.I. <input type="checkbox"/> PAY ADJUSTMENT  |          |                                 |                     |           |                                   | 13. REMARKS             |                         |                 |                            |           |           |
| 14. AUTHENTICATION<br><br><div style="text-align: center;"> <p>SS. WOODS JAMES S</p> <p>MANAGEMENT BRANCH</p> <p><b>SECRET</b></p> </div>  |          |                                 |                     |           |                                   |                         |                         |                 |                            |           |           |
| <b>PAY CHANGE NOTIFICATION</b>   |          |                                 |                     |           |                                   |                         |                         |                 |                            |           |           |

FORM 560

560. OBSOLETE PREVIOUS EDITION REPLACES FORM 5104 AND 560B.

**SECRET**

OFFICIAL PERSONNEL FOLDER

(4)

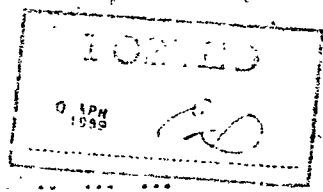
**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION |  |                             |  |                                 |  |                         |  |  |   |  |               |  |                                    |  |
|----------------------------------|--|-----------------------------|--|---------------------------------|--|-------------------------|--|--|---|--|---------------|--|------------------------------------|--|
| NCH 20 MAR 59                    |  |                             |  |                                 |  |                         |  |  |   |  |               |  |                                    |  |
| 1. Serial No.                    |  | 2. Name (Last-First-Middle) |  |                                 |  | 3. Date Of Birth        |  |  | 4. Vet. Prof.                             |  | 5. Sex        |  | 6. CS - EOD                        |  |
| 10032                            |  | WOODS JAMES S               |  |                                 |  | Mo. Da. Yr.<br>02 20 28 |  |  | None-0<br>5 Pt-1<br>10 Pt-2               |  | Code<br>1     |  | M 1                                |  |
| 7. SCD                           |  | 8. CSC Rmt.                 |  | 9. CSC Or Other Legal Authority |  | 10. Apmt. Affidav.      |  |  | 11. FEGLI                                 |  | 12. LCO       |  | 13. <small>See Form 100-10</small> |  |
| Mo. Da. Yr.<br>11 12 48          |  | Yes-1<br>No-2               |  | Code<br>1                       |  | 50 USCA 403             |  |  | Mo. Da. Yr.<br>Mo. Da. Yr.<br>Mo. Da. Yr. |  | Yes-1<br>No-2 |  | Code<br>1                          |  |

| PREVIOUS ASSIGNMENT                                    |  |                    |  |                  |  |                                  |  |   |              |
|--|--|--------------------|--|------------------|--|----------------------------------|--|---|--------------|
| 14. Organizational Designations                        |  |                    |  | Code             |  | 15. Location Of Official Station |  |   | Station Code |
| DDP FE<br>FE/PSH PHILIPPINES STATION<br>SUPPORT BRANCH |  |                    |  | 5161             |  | MANILA, R.P.                     |  |   | 57557        |
| 16. Dept. - Field                                      |  | 17. Position Title |  | 18. Position No. |  | 19. Serv.                        |  | 20. Occup. Series                         |              |
| Dept - 2<br>USAd - 4<br>Frgh - 6                       |  | Code<br>5          |  | RECDS MGMT ANAL  |  | 3382                             |  | GS 0306.01                                |              |
| 21. Grade & Step                                       |  | 22. Salary Or Rate |  | 23. SD           |  | 24. Date Of Grade                |  | 25. PSI Due                               |              |
| 09 1   |  | \$ 5985            |  | DI               |  | Mo. Da. Yr.<br>11 16 50          |  | Mo. Da. Yr.<br>11 15 59                   |              |
|  |  |                    |  |                  |  |                                  |  | 26. Appropriation Number<br>9 3780 55 006 |              |

| ACTION                                      |  |      |                         |  |
|---|--|------|-------------------------|--|
| 27. Nature Of Action                        |  | Code | 28. Eff. Date           |  |
| REASSIGNMENT TRANSFER<br>TO VOUCHERED FUNDS |  | 01   | Mo. Da. Yr.<br>03 22 59 |  |
| 29. Type Of Employee                        |  | Code | 30. Separation Data     |  |
| REGULAR                                     |  | 01   |                         |  |

| PRESENT ASSIGNMENT                           |  |                    |  |                  |  |                                  |  |   |              |
|--|--|--------------------|--|------------------|--|----------------------------------|--|---|--------------|
| 31. Organizational Designations              |  |                    |  | Code             |  | 32. Location Of Official Station |  |   | Station Code |
| DDP FE<br>OFFICE OF THE CHIEF<br>SECRETARIAT |  |                    |  | 5112             |  | WASH., D. C.                     |  |   | 75013        |
| 33. Dept. - Field                            |  | 34. Position Title |  | 35. Position No. |  | 36. Serv.                        |  | 37. Occup. Series                         |              |
| Dept - 2<br>USAd - 4<br>Frgh - 6             |  | Code<br>2          |  | RECDS MGMT OFF   |  | 2461                             |  | GS 0306.01                                |              |
| 38. Grade & Step                             |  | 39. Salary Or Rate |  | 40. SD           |  | 41. Date Of Grade                |  | 42. PSI Due                               |              |
| 09 1   |  | \$ 5985            |  | DI               |  | Mo. Da. Yr.<br>11 16 50          |  | Mo. Da. Yr.<br>11 15 59                   |              |
|  |  |                    |  |                  |  |                                  |  | 43. Appropriation Number<br>9 3700 20 001 |              |

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| 44. Remarks  |  |  |  |  |  |  |  |  |  |
| <div align="center">  </div> |  |  |  |  |  |  |  |  |  |

SECRET  
(When released)

| NOTIFICATION OF PERSONNEL ACTION |  |                             |  |                                 |                      |  |                    |                             |  |                         |  |               |  |                             |  |                      |  |  |
|----------------------------------|--|-----------------------------|--|---------------------------------|----------------------|--|--------------------|-----------------------------|--|-------------------------|--|---------------|--|-----------------------------|--|----------------------|--|--|
| MCM 14 NOV 58                    |  |                             |  |                                 |                      |  |                    |                             |  |                         |  |               |  |                             |  |                      |  |  |
| 1. Serial No.                    |  | 2. Name (Last-First-Middle) |  |                                 | 3. Date Of Birth     |  |                    | 4. Vet. Pref.               |  | 5. Sex                  |  | 6. CS - EOD   |  |                             |  |                      |  |  |
| 510032                           |  | WOODS JAMES S               |  |                                 | Mo. 02 Da. 20 Yr. 28 |  |                    | None-0<br>5 Pt-1<br>10 Pt-2 |  | Code 1                  |  | M 1           |  | Mo. 04 Da. 21 Yr. 52        |  |                      |  |  |
| 7. SED                           |  | 8. CSC Retmt.               |  | 9. CSC Or Other Legal Authority |                      |  | 10. Apmt. Affidav. |                             |  | 11. FEGLI               |  | 12. LCD       |  | 13. Mil. Serv. Credit, Lda. |  |                      |  |  |
| Mo. 11 Da. 12 Yr. 48             |  | Yes-1<br>No-2               |  | Code 1                          |                      |  | 50 USCA 403.4      |                             |  | Mo. --- Da. --- Yr. --- |  | Yes-1<br>No-2 |  | Code 04                     |  | Mo. 04 Da. 21 Yr. 52 |  |  |

PREVIOUS ASSIGNMENT

|  |  |                    |  |                      |  |                                  |  |                      |  |                          |  |    |  |         |  |
|--|--|--------------------|--|----------------------|--|----------------------------------|--|----------------------|--|--------------------------|--|----|--|---------|--|
| 14. Organizational Designations                        |  |                    |  | Code                 |  | 15. Location Of Official Station |  |                      |  | Station Code             |  |    |  |         |  |
| DDP FE<br>BRANCH 3<br>PHILIPPINES STATION<br>ADMIN SEC |  |                    |  | 5161                 |  | MANILA, R.P.                     |  |                      |  | 57557                    |  |    |  |         |  |
| 16. Dept. Field  |  | 17. Position Title |  | 18. Position No.     |  |                                  |  | 19. Serv.            |  | 20. Occup. Series        |  |    |  |         |  |
| Dept - 1<br>USMld - 3<br>Frpn - 5                      |  | Code 5             |  | RECORDS MGMT ANALYST |  |                                  |  | 3382                 |  |                          |  | GS |  | 0306.01 |  |
| 21. Grade & Step                                       |  | 22. Salary Or Rate |  | 23. SD               |  | 24. Date Of Grade                |  | 25. PSI Due          |  | 26. Appropriation Number |  |    |  |         |  |
| 07 4   |  | \$ 5430            |  | DI                   |  | Mo. 04 Da. 10 Yr. 55             |  | Mo. 04 Da. 06 Yr. 58 |  | 8 3780 55 006            |  |    |  |         |  |

ACTION

|                      |  |      |  |                      |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|----------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date        |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| PROMOTION            |  | 30   |  | Mo. 11 Da. 16 Yr. 58 |  | REGULAR              |  | 01   |  |                     |  |

PRESENT ASSIGNMENT

|  |  |                    |  |                  |  |                                  |  |                      |  |                          |  |    |  |         |  |
|--|--|--------------------|--|------------------|--|----------------------------------|--|----------------------|--|--------------------------|--|----|--|---------|--|
| 31. Organizational Designations                        |  |                    |  | Code             |  | 32. Location Of Official Station |  |                      |  | Station Code             |  |    |  |         |  |
| DDP FE<br>FE/PSH PHILIPPINES STATION<br>SUPPORT BRANCH |  |                    |  | 5161             |  | MANILA, R.P.                     |  |                      |  | 57557                    |  |    |  |         |  |
| 33. Dept. Field  |  | 34. Position Title |  | 35. Position No. |  |                                  |  | 36. Serv.            |  | 37. Occup. Series        |  |    |  |         |  |
| Dept - 1<br>USMld - 3<br>Frpn - 5                      |  | Code 5             |  | REGDS MGMT ANAL  |  |                                  |  | 3382                 |  |                          |  | GS |  | 0306.01 |  |
| 38. Grade & Step                                       |  | 39. Salary Or Rate |  | 40. SD           |  | 41. Date Of Grade                |  | 42. PSI Due          |  | 43. Appropriation Number |  |    |  |         |  |
| 09 1   |  | \$ 5985            |  | DI               |  | Mo. 11 Da. 16 Yr. 58             |  | Mo. 11 Da. 15 Yr. 59 |  | 9 3780 55 006            |  |    |  |         |  |

44. Remarks

POSTED

20 NOV 1958

228



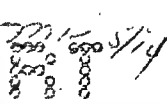
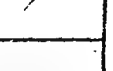





GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DSI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

**S E C R E T**

**SECRET**  
(WHEN FILLED IN)

|   |  |               |  |                    |                          |                     |  |                |  |
|---|--|---------------|--|--------------------|--------------------------|---------------------|--|----------------|--|
| 1. EMP. SERIAL NO.  |  | 2. NAME       |  | 3. ASSIGNED ORGAN. |                          | 4. FUNDS            |  | 5. ALLOTMENT   |  |
| 510032  |  | WOODS JAMES S |  | DDP/FE             |                          | UV                  |  |                |  |
| 6. OLD SALARY RATE  |  |               |  | 7. NEW SALARY RATE |                          |                     |  |                |  |
| GRADE   |  | STEP          |  | SALARY             |                          | LAST EFFECTIVE DATE |  | EFFECTIVE DATE |  |
|   |  |               |  |                    |                          | NO.                 |  | MO.            |  |
| GS 7  |  | 3             |  | \$ 4,795           |                          | 04                  |  | 07             |  |
|   |  |               |  |                    |                          | NO.                 |  | MO.            |  |
| GS 7  |  | 4             |  | \$ 4,930           |                          | 04                  |  | 06             |  |
|   |  |               |  |                    |                          | NO.                 |  | MO.            |  |
|   |  |               |  |                    |                          | NO.                 |  | MO.            |  |
|   |  |               |  |                    |                          | NO.                 |  | MO.            |  |
| 8. TO BE COMPLETED BY THE OFFICE OF COMPTROLLER   |  |               |  |                    |                          |                     |  |                |  |
| 9. CHECK ONE  |  |               |  |                    | 10. NUMBER OF HOURS LWOP |                     |  |                |  |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> EXCESS LWOP   |  |               |  |                    |                          |                     |  |                |  |
| 11. IF EXCESS LEAVE LWOP, CHECK FOLLOWING:  |  |               |  |                    |                          |                     |  |                |  |
| <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD                             |  |               |  |                    |                          |                     |  |                |  |
| 12. TO BE COMPLETED BY THE OFFICE OF PERSONNEL  |  |               |  |                    |                          |                     |  |                |  |
| 13. PROJECTED SALARY RATE AND EFFECTIVE DATE  |  |               |  |                    | 14. REMARKS              |                     |  |                |  |
| GRADE   |  | STEP          |  | SALARY             |                          | NO.                 |  | DA.            |  |
|   |  |               |  |                    |                          | NO.                 |  | DA.            |  |
|   |  |               |  |                    |                          | NO.                 |  | DA.            |  |
|   |  |               |  |                    |                          | NO.                 |  | DA.            |  |
| 15. AUTHENTICATION  |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       JAMES S. WOODS     </div>    |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     </div>      |  |               |  |                    |                          |                     |  |                |  |
| <div style="text-align: center;">  <br/>       J. S. WOODS     &lt;/</div> |  |               |  |                    |                          |                     |  |                |  |

PERSONNEL FOLDER (4)

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION |     |                             |       |                                 |                    |                  |     |         |               |      |         |     |             |       |     |
|----------------------------------|-----|-----------------------------|-------|---------------------------------|--------------------|------------------|-----|---------|---------------|------|---------|-----|-------------|-------|-----|
| 1. Serial No.                    |     | 2. Name (Last-First-Middle) |       |                                 |                    | 3. Date Of Birth |     |         | 4. Vol. Prod. |      | 5. Sen. |     | 6. CS - EOD |       |     |
| 510032                           |     | WOODS JAMES S               |       |                                 |                    | Mo.              | Da. | Yr.     | None-0        | Code | N 1     |     | Mo.         | Da.   | Yr. |
| 02                               |     | 20                          |       | 28                              |                    | 5 Pt-1           |     | 10 Pt-2 |               | 1    |         | 04  |             | 21 52 |     |
| 7. SCD                           |     | 8. CSC Rpt. L.              |       | 9. CSC Or Other Legal Authority |                    |                  |     |         |               |      |         |     |             |       |     |
| Mo.                              | Da. | Yr.                         | Yes-1 | Code                            | 10. Anmt. Affidav. |                  |     |         |               |      |         |     |             |       |     |
| XX                               | XX  | XX                          | No-2  | 1                               | 50 USCA 403 J      |                  |     |         |               |      |         |     |             |       |     |
| 11. FEGLI                        |     | 12. LCB                     |       | 13. Will                        |                    | 14. Yes-1        |     | Code    |               | Mo.  |         | Da. |             | Yr.   |     |
| No-2                             |     | 1                           |       | 04                              |                    | 21               |     | 52      |               | No-2 |         | 2   |             |       |     |

**PREVIOUS ASSIGNMENT**

|                                 |      |                    |  |                  |  |                                  |  |                   |  |                          |  |
|---------------------------------|------|--------------------|--|------------------|--|----------------------------------|--|-------------------|--|--------------------------|--|
| 14. Organizational Designations |      |                    |  | Code             |  | 15. Location Of Official Station |  |                   |  | Station Code             |  |
| DDP FI                          |      |                    |  |                  |  | WASH., D.C.                      |  |                   |  |                          |  |
| RECORDS INTEGRATION DIV         |      |                    |  |                  |  |                                  |  |                   |  |                          |  |
| ANALYSIS AND OPERATIONS BR      |      |                    |  |                  |  |                                  |  |                   |  |                          |  |
| ANALYSIS SEC                    |      |                    |  |                  |  |                                  |  |                   |  |                          |  |
| 16. Dept. - Field               |      | 17. Position Title |  | 18. Position No. |  | 19. Serv.                        |  | 20. Occup. Series |  |                          |  |
| Dept. - 1                       | Code | INTEL ANALYST      |  | 430.12           |  | GS                               |  | 0132.35           |  |                          |  |
| USfld - 3                       | 2    |                    |  |                  |  |                                  |  |                   |  |                          |  |
| Frqn - 5                        |      |                    |  |                  |  |                                  |  |                   |  |                          |  |
| 21. Grade & Step                |      | 22. Salary Or Rate |  | 23. SD           |  | 24. Date Of Grade                |  | 25. PSI Due       |  | 26. Appropriation Number |  |
| 07 3                            |      | \$ 4795            |  | DI               |  | Mo. Da. Yr.                      |  | Mo. Da. Yr.       |  | S 2309 23                |  |

**ACTION**

|                       |  |      |  |               |  |                      |  |      |  |                     |  |
|-----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action  |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Date |  |
| REASSIGNMENT TRANSFER |  | 06   |  | 09 08 57      |  | REGULAR              |  | 01   |  |                     |  |
| TO UNVOUCHERED FUNDS  |  |      |  |               |  |                      |  |      |  |                     |  |

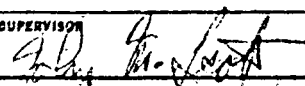
**PRESENT ASSIGNMENT**

|                                 |      |                      |  |                  |  |                                  |  |                   |  |                          |  |
|---------------------------------|------|----------------------|--|------------------|--|----------------------------------|--|-------------------|--|--------------------------|--|
| 31. Organizational Designations |      |                      |  | Code             |  | 32. Location Of Official Station |  |                   |  | Station Code             |  |
| DDP FE                          |      |                      |  |                  |  | MANILA, P.P.                     |  |                   |  | 57557                    |  |
| BRANCH 3                        |      |                      |  |                  |  |                                  |  |                   |  |                          |  |
| PHILIPPINES STATION             |      |                      |  |                  |  |                                  |  |                   |  |                          |  |
| ADMIN SEC                       |      |                      |  | 5161             |  |                                  |  |                   |  |                          |  |
| 33. Dept. - Field               |      | 34. Position Title   |  | 35. Position No. |  | 36. Serv.                        |  | 37. Occup. Series |  |                          |  |
| Dept. - 1                       | Code | RECORDS MGMT ANALYST |  | 3382             |  | GS                               |  | 0306.01           |  |                          |  |
| USfld - 3                       | 5    |                      |  |                  |  |                                  |  |                   |  |                          |  |
| Frqn - 5                        |      |                      |  |                  |  |                                  |  |                   |  |                          |  |
| 38. Grade & Step                |      | 39. Salary Or Rate   |  | 40. SD           |  | 41. Date Of Grade                |  | 42. PSI Due       |  | 43. Appropriation Number |  |
| 07 3                            |      | \$ 4795              |  | DI               |  | Mo. Da. Yr.                      |  | Mo. Da. Yr.       |  | 8 3780 55 006            |  |
| 04 10 55                        |      |                      |  |                  |  | 04 10 55                         |  |                   |  |                          |  |

44. Remarks  
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

100-111304  
9/6/59

**SECRET**  
(WHEN FILLED IN)

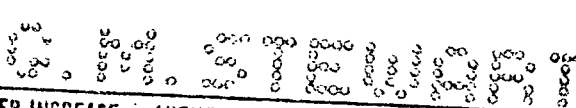
|  |      |               |                     |                    |    |  |      |              |                |    |    |
|--|------|---------------|---------------------|--------------------|----|--|------|--------------|----------------|----|----|
| 1. EMP. SERIAL NO.   |      | 2. NAME       |                     | 3. ASSIGNED ORGAN. |    | 4. FUNDS   |      | 5. ALLOTMENT |                |    |    |
| 110032   |      | WOODS JAMES S |                     | DDP/FI 29          |    | V-20   |      |              |                |    |    |
| 6. OLD SALARY RATE   |      |               |                     |                    |    | 7. NEW SALARY RATE   |      |              |                |    |    |
| GRADE  | STEP | SALARY        | LAST EFFECTIVE DATE |                    |    | GRADE  | STEP | SALARY       | EFFECTIVE DATE |    |    |
|  |      |               | MO                  | DA                 | YR |  |      |              | MO             | DA | YR |
| 7  | 2    | \$ 4,660      | 04                  | 08                 | 56 | 7  | 3    | \$ 4,795     | 04             | 07 | 57 |
| REMARKS  |      |               |                     |                    |    |  |      |              |                |    |    |
| CERTIFICATION  |      |               |                     |                    |    |  |      |              |                |    |    |
| I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY. |      |               |                     |                    |    |  |      |              |                |    |    |
| TYPED, OR PRINTED, NAME OF SUPERVISOR  |      |               | DATE                |                    |    | SIGNATURE OF SUPERVISOR  |      |              |                |    |    |
| JOHN M. SCOTT  |      |               | 11 MAR 1957         |                    |    |  |      |              |                |    |    |
| PERIODIC STEP INCREASE - CERTIFICATION   |      |               |                     |                    |    |  |      |              |                |    |    |

FORM NO. 560  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

**SECRET**  
(WHEN FILLED IN)

|  |      |               |                     |                    |    |                         |      |              |                |    |    |
|--|------|---------------|---------------------|--------------------|----|-------------------------|------|--------------|----------------|----|----|
| 1. EMP. SERIAL NO.   |      | 2. NAME       |                     | 3. ASSIGNED ORGAN. |    | 4. FUNDS                |      | 5. ALLOTMENT |                |    |    |
| 110032   |      | WOODS JAMES S |                     | DDP/FI             |    | V-20                    |      | 2301         |                |    |    |
| 6. OLD SALARY RATE   |      |               |                     |                    |    | 7. NEW SALARY RATE      |      |              |                |    |    |
| GRADE  | STEP | SALARY        | LAST EFFECTIVE DATE |                    |    | GRADE                   | STEP | SALARY       | EFFECTIVE DATE |    |    |
|  |      |               | MO                  | DA                 | YR |                         |      |              | MO             | DA | YR |
| 7  | 2    | \$ 4,660      | 04                  | 08                 | 56 | 7                       | 3    | \$ 4,795     | 04             | 07 | 57 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER   |      |               |                     |                    |    |                         |      |              |                |    |    |
| 8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP<br>IF EXCESS LEAVE LWOP, CHECK FOLLOWING:<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD |      |               |                     |                    |    | 9. NUMBER OF HOURS LWOP |      |              |                |    |    |
| 10. INITIALS OF CLERK  |      |               |                     |                    |    | 11. AUDITED BY          |      |              |                |    |    |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL   |      |               |                     |                    |    |                         |      |              |                |    |    |
| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE   |      |               |                     |                    |    | 13. REMARKS             |      |              |                |    |    |
| GRADE  | STEP | SALARY        | MO                  | DA                 | YR |                         |      |              |                |    |    |
|  |      |               |                     |                    |    |                         |      |              |                |    |    |
| 14. AUTHENTICATION   |      |               |                     |                    |    |                         |      |              |                |    |    |
|    |      |               |                     |                    |    |                         |      |              |                |    |    |
| PERIODIC STEP INCREASE - AUTHENTICATION  |      |               |                     |                    |    |                         |      |              |                |    |    |

FORM NO. 560b  
1 MAR. 56

SECRET

PERSONNEL FOLDER (4)

INVESTIGATION UNIT, CHIEF, FINANCE DIVISION

ATTENTION : Payroll Section

SUBJECT : Change in Assignment Request Designation

Personal Services of **WOODS, James B.**

1. The Division request that copy of personal services of JAMES B. WOODS be changed effective 11/1/55 to 11/1/56 and 1/1/57.

FROM AGENCY **6-3712-55-096**

TO AGENCY **6-2309-23**

2. When this change is completed, it is requested that a copy of this request be sent to the Bureau and Division of Budgets, together with the request for a change in the assignment of the employee.

BT

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

are

|  |                  |                          |                |
|--|------------------|--------------------------|----------------|
| 1. NAME (Last - First - Middle - One Given Name, Initials) AND SURNAME | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE        |
| MR. JAMES S. WOODS   | 20 Feb 1923      |                          | 22 August 1956 |

This is to notify you of the following action affecting your employment:

|  |                   |   |
|--|-------------------|---|
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
| REASSIGNMENT                                   | 26 Aug 1956       | 50 USC 403 J                              |

|  |  |
|--|--|
| FROM   | TO   |
| EW-430.02  | EW-430.12  |
| 8. POSITION TITLE  | Intal Analyst  |
| 9. SERVICE, SERIES, GRADE, SALARY                                    | GS-0132.35-7 \$4660.00 per annum   |
| 10. ORGANIZATIONAL DESIGNATIONS                                      | DDI/71<br>Records Integration Division<br>Analysis & Operations Branch<br>Analysis Section |
| 11. HEADQUARTERS   | Washington, D. C.  |
| 12. FIELD OR DEPT'L  |  |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL            |

13. VETERAN'S PREFERENCE

|      |       |       |       |          |
|------|-------|-------|-------|----------|
| NONE | WHILE | OTHER | 5-PT. | 10 POINT |
|      |       |       | 3     |          |

14. POSITION CLASSIFICATION ACTION

|     |      |       |      |
|-----|------|-------|------|
| NEW | VICE | I. A. | REAL |
|     |      |       |      |

DD-711

15. APPROVATION

|           |        |
|-----------|--------|
| FROM      | TO     |
| 7-2309-23 | 750-13 |

17. SUBJECT TO C. S. RETIREMENT ACT (YES NO)

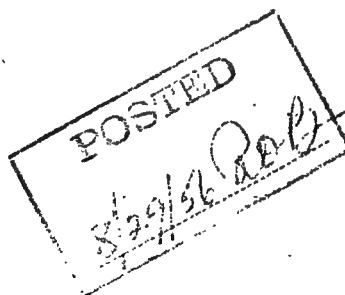
Yes

18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)

19. LEGAL RESIDENCE  
☐ CLAIMED ☐ PROVED  
STATE:

20. REMARKS:

3 DEC 04/21/52



ENTRANCE PERFORMANCE RATING:

Director of Personnel

4. PERSONNEL FOLDER COPY

mm 8/28/56

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

271

|   |  |  |   |   |
|---|--|--|---|---|
| 1. NAME (LAST - FIRST - MIDDLE - ONE GIVEN NAME, INITIAL(S) AND SURNAME)<br><b>Mr. James S. Woods 110032</b>  |  | 2. DATE OF BIRTH<br><b>20 Feb 1928</b>   | 3. JOURNAL OR ACTION NO.<br><b>50 UECA 403 J</b>                  | 4. DATE<br><b>2 Jul 1956</b>  |
| This is to notify you of the following action affecting your employment:  |  |  |   |   |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>   |  | 6. EFFECTIVE DATE<br><b>15 Jul 1956</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>50 UECA 403 J</b> |   |
| FROM  |  | TO   |   |   |
| 10 (CI) <b>EW-583.03</b><br><b>GS-0136.33-7 \$4660.00 per annum</b><br><b>DDP/VI</b><br><b>Branch 1</b><br><b>Records Integration Branch</b><br><b>Personality Files Section</b>  |  | 8. POSITION TITLE<br><b>Intel Analyst EW-430.02</b><br><b>GS-0132.33-7 \$4660.00 per annum</b><br><b>DDP/VI</b><br><b>Records Integration Division</b><br><b>Analysis &amp; Operations Branch</b><br><b>Analysis Section</b> |   |   |
| 9. SERVICE, SERIES, GRADE, SALARY   |  | 10. ORGANIZATIONAL DESIGNATION<br><b>410823</b>  |   |   |
| 11. HEADQUARTERS<br><b>2</b>  |  | 12. FIELD OR DEPT.<br><b>Washington, D. C.</b>   |   |   |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL   |  | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |   |   |
| 13. VETERAN'S PREFERENCE<br>NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT  |  | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/>  |   |   |
| 15. FROM: <b>7-3740-55-056</b><br>TO: <b>7-6309-23</b>  |  | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b>   |   | 18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)<br><b>50/VI</b> |
| 19. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:   |  |  |   |   |
| 20. REMARKS:<br><div style="text-align: right;"><div>POSTED</div><div>27/19/56</div></div> <p style="text-align: center;">"Transfer 70 Vouchered funds FROM Unvouchered funds."</p> <p style="text-align: center;">3 BUD 04/21/52</p> |  |  |   |   |
| ENTRANCE PERFORMANCE RATING:<br><b>Director of Personnel</b>  |  |  |   |   |

4. PERSONNEL FOLDER COPY

**SECRET**

STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JOINTLY AND - FEDERAL PERSONNEL  
 MANUAL CHAPTER 11

**REQUEST FOR PERSONNEL ACTION**

UNCLASSIFIED

**REQUESTING OFFICE:** Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

|  |                                      |                                    |                                       |
|--|--------------------------------------|------------------------------------|---------------------------------------|
| 1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)<br><b>Mr. James S. Woods</b>                                 | 2. DATE OF BIRTH<br><b>20 Feb 28</b> | 3. REQUEST NO.                     | 4. DATE OF REQUEST<br><b>5 May 56</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Reassignment</b> |                                      | 6. EFFECTIVE DATE<br>A. PROPOSED:  | 7. C.S. OR OTHER<br>LEGAL AUTHORITY   |
| 8. POSITION (Specify whether establish, change grade or title, etc.)<br><b>Change in Title and Service Number</b>                |                                      | 9. APPROVED:<br><b>17 JUN 1956</b> |                                       |

|  |                              |   |   |                              |
|--|------------------------------|---|---|------------------------------|
| FROM-<br><b>Ops Off (CE)<br/>GS-0136.52-7<br/>DDF/FE</b>   | <b>BFF 583.05-7<br/>4660</b> | A. POSITION TITLE AND<br>NUMBER   | TO-<br><b>IO-CI<br/>GS-0136.53-7<br/>DDF/FE</b>                       | <b>BFF 583.05-7<br/>4660</b> |
| Records Integration Branch<br>Personality Files Section  |                              | B. SERVICE GRADE AND<br>SALARY  | Branch 1 -<br>Records Integration Branch<br>Personality Files Section |                              |
| 16. ORGANIZATIONAL<br>DESIGNATIONS   |                              | 17. HEADQUARTERS  |   |                              |
| 12. FIELD OR DEPARTMENTAL<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL |                              | 12. FIELD OR DEPARTMENTAL<br><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <b>SD:DI</b> |   |                              |

A. REMARKS (Use reverse if necessary)

T/O Changes

|   |  |  |  |
|---|--|--|--|
| B. REQUESTED BY (Name and title)<br><b>H. P. Gilbert, FE Personnel Officer</b>  |  | D. REQUEST APPROVED BY<br>Signature: <i>Robert A. Schubert</i><br>Title: <b>FE/CRMO - 21 May 56</b>  |  |
| C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br><b>Ex 8761</b>   |  | 14. POSITION CLASSIFICATION ACTION<br>NEW VICE 1 A REAL  |  |
| 13. VETERAN PREFERENCE<br>GRADE: <input type="checkbox"/> WH <input type="checkbox"/> OTHER <input type="checkbox"/> VET 15 POINT<br>LEAS OTHER |  | 18. DATE OF APPOINT-<br>MENT AFFIDAVITS<br>(ACCESSIONS ONLY)<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: <b>D.C.</b> |  |
| 15. 16. APPROPRIATION<br>FROM: <b>6-3740-55-076</b><br>TO: <b>SD:DI</b>   |  | 17. SUBJECT TO C.S.<br>RETIREMENT ACT<br>(YES-NO)<br><b>Yes</b>  |  |

20. STANDARD FORM 50 REMARKS

**IO-10-1-21**  
**2 JUN 1956**  
**WHL**

USED IN LIEU OF SF50  
 NOT A PART OF PERSONNEL  
 ACTION

|                        |                      |                  |         |
|------------------------|----------------------|------------------|---------|
| 21. CLEARANCES         | INITIAL OR SIGNATURE | DATE             | REMARKS |
| A.                     |                      |                  |         |
| B. CEIL OR FOS CONTROL | <b>2084</b>          | <b>21 May 56</b> |         |
| C. CLASSIFICATION      |                      |                  |         |
| D. PLACEMENT OR EMPL.  | <b>WHL</b>           | <b>21 May 56</b> |         |
| E.                     |                      |                  |         |

APPROVED: *Robert A. Schubert* **SECRET** *by Arnold C. Liddle, 21 May 56*

# PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL  
(When Filled In)

U. S. GOVERNMENT PRINTING OFFICE 1961-220020

| 1. Agency and organizational designation   |  |                                  |                                  |   |      | 2. Payroll period                     |      | 3. Block No.<br>UV |                             | 4. Slip No.     |         |
|--|--|----------------------------------|----------------------------------|---|------|---------------------------------------|------|--------------------|-----------------------------|-----------------|---------|
| 5. Employee's name (and social security account number when appropriate)<br>WOODS, JAMES S.  |  |                                  |                                  |   |      | 6. Grade and salary<br>GS-7 \$4525.00 |      |                    |                             |                 |         |
| PAYROLL CHANGE DATA  |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |
|  | BASE PAY                                       | OVERTIME                         |                                  | GROSS PAY   | RET. | FEDERAL TAX                           | BOND | F. I. C. A.        | STATE TAX                   | GROUP LIFE INS. | NET PAY |
| 7. Previous annual   |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |
| 8. New annual  |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |
| 9. Pay this period   |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |
| 10. Remarks<br>DIVISION  |  |                                  |                                  |   |      | 11. Appropriation(s)<br>FE/7          |      |                    | 12. Prepared by<br>sfw 1/10 |                 |         |
|  |  |                                  |                                  |   |      |                                       |      |                    | 13. Audited by              |                 |         |
| <input type="checkbox"/> Periodic step increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step increase |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |
| 14. Effective date<br>8 Apr 56   | 15. Date last equivalent increase<br>10 Apr 55 | 16. Old salary rate<br>\$4525.00 | 17. New salary rate<br>\$4660.00 | 18. Performance/merit/attendance, etc.<br>SERVICE AND CONDUCT<br>ALL SATISFACTORY<br>(Signature or other authentication)  |      |                                       |      |                    |                             |                 |         |
| 19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):   |  |                                  |                                  | (Check applicable box in case of excess LWOP)<br><input type="checkbox"/> in pay status covered as waiting period<br><input type="checkbox"/> LWOP during end of waiting period |      |                                       |      |                    |                             |                 |         |
| <input type="checkbox"/> No excess LWOP. Total excess LWOP.  |  |                                  |                                  | Initials of Clerk   |      |                                       |      |                    |                             |                 |         |
| STANDARD FORM NO. 1126d—Revised<br>Form prescribed by Comp. Gen., U. S.<br>October 26, 1954, General Regulations No. 102             |  |                                  |                                  |   |      |                                       |      |                    |                             |                 |         |

CONFIDENTIAL

PAYROLL CHANGE SLIP — PERSONNEL COPY

sfw



S-E-C-R-E-T

COMBINED HR OFFER ACTION IN LIEU OF SF-52

CHANGE OF OFFICIAL DESIGNATION

Effective Date - 22 April 1980

|                |             | <u>D to DI</u> |            |             |              |
|----------------|-------------|----------------|------------|-------------|--------------|
| <u>FE</u>      | <u>Name</u> | <u>Grade</u>   | <u>NEA</u> | <u>Name</u> | <u>Grade</u> |
|                |             | 12             |            |             | 12           |
|                |             | 12             |            |             |              |
|                |             | 11             |            |             |              |
|                |             | 07             | <u>FI</u>  |             | 07           |
|                |             | 09             |            |             | 07           |
| <u>EE</u>      |             |                |            |             |              |
|                |             | 12             |            |             |              |
| <u>SR</u>      |             |                |            |             |              |
|                |             | 07             |            |             |              |
|                |             | 11             |            |             |              |
| <u>D to DS</u> |             |                |            |             |              |
| <u>WE</u>      |             |                |            |             |              |
|                |             | 05             |            |             |              |
| <u>D to DP</u> |             |                |            |             |              |
| <u>FE</u>      |             |                |            |             |              |
|                |             | 07             |            |             |              |

RM-5001 by J. S. [Signature]  
17 April 1980

S-E-C-R-E-T

STANDARD FORM 52  
FORM 52-1 (Rev. 1-54)  
U. S. CIVIL SERVICE COMMISSION  
PERSONNEL ACTION - PERSONNEL PERSONNEL  
BUREAU, OFFICE OF

SECRET

UNFOUCHERED

# REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

|  |  |  |  |
|--|--|--|--|
| 1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)<br><b>Mr. James S. WOODS</b>   | 2. DATE OF BIRTH<br><b>20 Feb 28</b>   | 3. REQUEST NO.   | 4. DATE OF REQUEST<br><b>21 Feb 54</b> |
| 5. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Promotion</b>  |  | 6. EFFECTIVE DATE<br>A. PROPOSED:  | 7. C. S. OR OTHER<br>LEGAL AUTHORITY   |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |  | B. APPROVED: <i>Ops. OPR. (CO) APR 10 1955</i>   |  |
| FROM -<br><b>IO (FI) BPF 602.02-5<br/>GS-0136.51-45 \$3535.00 p/a</b><br><b>DDP/FE</b><br><b>Intelligence Division</b><br><b>Positive Intelligence Branch</b><br><b>UNCONV. WARR. DIV.</b> | 9. POSITION TITLE AND<br>NUMBER<br><br>10. SERVICE, GRADE, AND<br>SALARY<br><br>11. ORGANIZATIONAL<br>DESIGNATIONS<br><br>12. HEADQUARTERS | TO -<br><b>IO (FI) BPF 602.02-7<br/>GS-0136.52-47 \$4405.00 p/a</b><br><b>Same</b><br><b>Same</b><br><b>Same</b><br><b>RECORDS INTEGRATION BR.</b><br><b>Same</b><br><b>PERSONNELITY RIGHT SECTION</b> |  |
| <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  | <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL   | <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL   |  |

9. REMARKS (Use reverse if necessary)  
Attached herewith are Job Description, Dispatch, and DD/P Personnel Data Sheet.

|   |                      |   |  |
|---|----------------------|---|--|
| 13. REQUESTING OFFICE<br><b>H. C. CLINKSLEY, FE Personnel Officer</b>   |                      | 14. REQUEST APPROVED BY<br>Signature: _____<br>Title: _____   |  |
| 15. VETERAN PREFERENCE<br>NONE <input checked="" type="checkbox"/> WAR <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 16. POINT<br>DISAB. OTHER |                      | 17. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A. <input type="checkbox"/> REAL |  |
| 18. SEX<br><b>M</b>   | 19. RACE<br><b>W</b> | 20. APPROPRIATION<br><b>FROM 6-3740-55-096</b><br><b>TO: Same</b>   | 21. SUBJECT TO C. S.<br>RETIREMENT ACT<br>(YES-NO)<br><b>Yes</b> |
| 22. DATE OF APPOINTMENT<br>AFFIDAVIT'S<br>(SUCCESSORS ONLY)   |                      | 23. LEGAL RESIDENCE<br>STATE: <b>D.C.</b>   |  |

|  |                      |      |         |
|--|----------------------|------|---------|
| 24. STANDARD FORM 50 REMARKS<br><b>PERMANENT TO CO DIRECTIVE</b><br><b>10 FEB 1955</b><br><b>TO: 11425</b><br><b>4/10/55</b> |                      |      |         |
| 25. CLEARANCES   | INITIAL OR SIGNATURE | DATE | REMARKS |
| A.   |                      |      |         |
| B. LEAD. OR POS. CONTROL   |                      |      |         |
| C. CLASSIFICATION  |                      |      |         |
| D. PLACEMENT OR EMPL.  |                      |      |         |
| E.   |                      |      |         |
| F. APPROVED BY<br><b>R. A. Stricklin</b>   |                      |      |         |

SECRET

| STANDARD FORM 52<br>PERSONNEL ACTION REQUEST<br>MANUAL CHAPTER 34   |  | SECRET   |           | 2/24/55<br>Sam   |  |
|---|--|--|-----------|--|--|
| REQUEST FOR PERSONNEL ACTION  |  |  | UNFOUNDED |  |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in separation data on reverse.                                 |  |  |           |  |  |
| 1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)   |  | 2. DATE OF BIRTH   |           | 3. REQUEST NO.   |  |
| Mr. James S. WOODS  |  | 20 Feb 28  |           | 28 Jan 55  |  |
| 4. NATURE OF ACTION REQUESTED:<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)   |  | 5. EFFECTIVE DATE<br>A. PROPOSED:  |           | 7. C. S. OF OFFICE<br>LEGAL AUTHORITY  |  |
| Reassignment  |  | 26 Oct 54  |           |  |  |
| 8. POSITION (Specify whether establish, change grade or title, etc.)  |  | 9. APPROVED:   |           |  |  |
|   |  | 26 Oct 1954  |           |  |  |
| FROM -<br>IO (FI) BFF 602.02-5<br>GS-0136.51-45 <del>1455.00</del> p/a<br>3535.<br>DDP/FE<br>WARFARE<br>Division<br>Personnel and Training Branch   |  | 6. POSITION TITLE AND NUMBER<br>7. SERVICE, GRADE, AND SALARY<br>8. ORGANIZATIONAL DESIGNATIONS<br>9. HEADQUARTERS   |           | TO -<br>IO (FI) BFF 602.02-5<br>GS-0136.51-45 <del>1455.00</del> p/a<br>3535.<br>Same<br>Same<br>Same<br>Same  |  |
| 10. FIELD <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>   |  | 11. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/>                           |           |  |  |
| A. REMARKS (Use reverse if necessary)   |  |  |           |  |  |
| Subject arrived 26 Oct 54 per 5239 of 17 Nov 1954.  |  |  |           |  |  |
| B. REQUESTED BY<br>H. C. CLINGMAN, FE Personnel Officer   |  | C. REQUEST APPROVED BY<br>Signature: J. P. Humphries (WAD)<br>Title: FSCMO 8 Feb 55  |           |  |  |
| 13. VETERAN PRECEDENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> WW2 <input checked="" type="checkbox"/> WW3 <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/> |  | 14. INVENTION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICA <input type="checkbox"/> I.A. <input type="checkbox"/> REL <input type="checkbox"/> |           |  |  |
| 15. SCALING<br>M <input type="checkbox"/> W <input type="checkbox"/>  |  | 16. RACE<br>6 3740-55-096  |           | 17. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 18. LEGAL RESIDENCE<br>STATE: D.C.  |  | 19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSION ONLY)<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |           |  |  |
| 20. STANDARD FORM 50 REMARKS<br>See Concern for Division - 18 Feb 55<br>2/24/55<br>Sam<br>E date per J. Martin - FE<br>2/24/55<br>Sam   |  |  |           |  |  |
| 21. CLEARANCES  |  | INITIAL OR SIGNATURE   |           | DATE   |  |
| A.  |  |  |           |  |  |
| B. CELL OR POS. CONTROL   |  | C. CLASSIFICATION  |           | D. PLACEMENT OR EMP.   |  |
|   |  |  |           |  |  |
| F. APPROVED BY  |  | SECRET   |           |  |  |

GOVERNMENT PRINTING OFFICE: 1942 - 667274

| 1. Agency and organizational designations  |          | 2. Pay rate |           | 3. Bio. No.          |     | 4. Bio. No.     |             |
|--|----------|-------------|-----------|----------------------|-----|-----------------|-------------|
| 5. Employee's name (and social security account number when documented)  |          | 6. Pay rate |           |                      |     |                 |             |
| W-100, James E.  |          | 10-5 0320   |           |                      |     |                 |             |
| PAY ROLL CHANGE DATA   |          |             |           |                      |     |                 |             |
|  | BASE PAY | OVERTIME    | GROSS PAY | RET.                 | TAX | BOND            | F. I. C. A. |
| 7. Previous normal   |          |             |           |                      |     |                 |             |
| 8. New normal  |          |             |           |                      |     |                 |             |
| 9. Pay this period   |          |             |           |                      |     |                 |             |
| 10. Remarks  |          |             |           | 11. Appropriation(s) |     | 12. Prepared by |             |
|  |          |             |           | 72-0                 |     | Jm 4/20/52      |             |
|  |          |             |           |                      |     | 13. Audited by  |             |
|  |          |             |           |                      |     |                 |             |
| 14. Effective date   |          |             |           |                      |     |                 |             |
| 15. Date last adjustment   |          |             |           |                      |     |                 |             |
| 16. Performance rating is satisfactory or better.  |          |             |           |                      |     |                 |             |
| 17. New source rate  |          |             |           |                      |     |                 |             |
| 18. LWOP date (fill in appropriate space covering LWOP during following period):   |          |             |           |                      |     |                 |             |
| <input type="checkbox"/> No excess LWOP <input type="checkbox"/> Total excess LWOP                                       |          |             |           |                      |     |                 |             |
| STANDARD FORM 100-11254-Rev. 11-2-42<br>Form prescribed by Comp. Gen., U. S.<br>Nov. 8, 1940, General Regulation No. 102 |          |             |           |                      |     |                 |             |

PAY ROLL CHANGE SLIP—PERSONNEL COPY

**CONFIDENTIAL**  
CENTRAL INTELLIGENCE AGENCY

**NOTIFICATION OF PERSONNEL ACTION** Conc. 26 Mar 1954 Jan

|  |  |   |   |   |
|--|--|---|---|---|
| 1. NAME (USE -- MRS. -- MRS. -- ONE GIVEN NAME, INITIAL(S), AND SURNAME)<br><b>JAMES S. Woods</b>  |  | 2. DATE OF BIRTH<br><b>20 Feb 1928</b>  | 3. JOURNAL OR ACTION NO.  | 4. DATE<br><b>16 Apr 1954</b>   |
| This is to notify you of the following action affecting your employment:   |  |   |   |   |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Assignment</b>  |  | 6. LIFE LINE DATE<br><b>B.O.B.<br/>25 Apr 1954</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>50 USCA 403 j</b> |   |
| FROM   |  | TO  |   |   |
| 1. POSITION TITLE<br><b>Anal. Analyst EV 469.08</b><br><b>GS-0132.35-5 \$3410.00 per annum</b>   |  | 2. POSITION TITLE<br><b>IO (VI) EPP 602.02-5</b><br><b>GS-0136.51-5 \$3410.00 per annum</b> |   |   |
| 3. SERVICE, SERIES, GRADE, SALARY<br><b>EV/VI</b>  |  | 3. SERVICE, SERIES, GRADE, SALARY<br><b>IO/VI</b>   |   |   |
| 10. ORGANIZATIONAL DESIGNATIONS<br><b>Words Integration Division</b><br><b>Processing and Records Branch</b><br><b>Isolation Section</b>   |  | 10. ORGANIZATIONAL DESIGNATIONS<br><b>Unconventional Warfare Division</b>                   |   |   |
| 11. HEADQUARTERS<br><b>Washington, D. C.</b>   |  | 11. HEADQUARTERS  |   |   |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |  | <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL                        |   |   |
| 13. POSITION CLASSIFICATION ACTION<br>WHEN OTHER 1-PT. 15-POINT<br>NEW DISAB. OTHER  |  | 13. POSITION CLASSIFICATION ACTION<br>NEW YES L.A. REAL<br><b>SD:D</b><br><b>GS-PI</b>      |   |   |
| 12. APPROPRIATION<br>FROM: <b>4-2359-83</b><br>TO: <b>4-5720-55-096</b>  |  | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>Yes</b>                                  |   | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)<br><b>STATE: D. C.</b> |
| 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> NOTED   |  |   |   |   |
| REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |  |   |   |   |
| <b>"Transfer TO Unconventional Warfare FROM Vouchered Funds."</b>  |  |   |   |   |
| <b>CONFIDENTIAL</b>  |  |   |   |   |

4. PERSONNEL FOLDER COPY

*J. M. Bar*  
*me*  
4/16/54

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

|   |                      |  |   |  |
|---|----------------------|--|---|--|
| 1. NAME (MR.-MRS.-MISS - ONE GIVEN NAME, INITIALS, AND SURNAME)<br><b>Mr. James S. Woods</b>  |                      | 2. DATE OF BIRTH<br><b>20 Feb. 28</b>  | 3. JOURNAL OR ACTION NO.<br><b>8000</b>                           | 4. DATE<br><b>27 Feb. 54</b>                                 |
| This is to notify you of the following action affecting your employment:  |                      |  |   |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>   |                      | 6. EFFECTIVE DATE<br><b>28 Feb. 54</b>   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>50 USCA 403 j</b> |  |
| FROM  |                      | TO   |   |  |
| 8. POSITION TITLE<br><b>CS-132-3</b><br><b>RI Staff</b>   |                      | 9. SERVICE, SERIES, GRADE, SALARY<br><b>Intel. Analyst BY 469.08</b><br><b>CS-0132-33-3 \$3410.00 per annum</b><br><b>SRP/VI</b><br><b>RI Division</b><br><b>Processing &amp; Records Branch</b><br><b>Consolidation Section</b> |   |  |
| 10. ORGANIZATIONAL DESIGNATION  |                      | 11. HEADQUARTERS<br><b>Washington, D. C.</b>   |   |  |
| 12. FIELD OR DEPTL.<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL   |                      | 13. FIELD OR DEPTL.<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |   |  |
| 14. VETERAN'S PREFERENCE<br>NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> SPT <input checked="" type="checkbox"/> 15-PONT<br>DISAB <input type="checkbox"/> OTHER <input type="checkbox"/> |                      | 16. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/><br><b>CS-VI</b>   |   |  |
| 17. SEX<br><b>M</b>   | 18. RACE<br><b>W</b> | 19. APPROPRIATION<br>FROM: <b>4-2509-23</b><br>TO: <b>6000</b>   |   | 20. DATE OF AFFIDAVIT<br>MENT AFFIDAVIT<br>(ACCESSIONS ONLY) |
| 21. REMAINS<br><b>Yes</b>   |                      | 22. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:  |   |  |

ENTRANCE PERFORMANCE RATING

Deputy Assistant Director for Personnel

PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

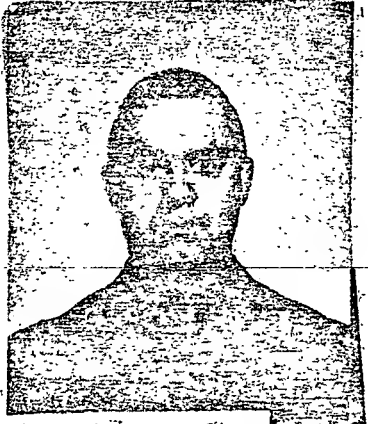
each

|   |  |  |   |
|---|--|--|---|
| 1. NAME (MR., MRS., MISS, OR MS. GIVE FIRST NAME, INITIAL(S), AND SURNAME)<br><b>Mr. James B. Woods</b>   |  | 2. DATE OF BIRTH<br><b>20 February 1928</b>  | 3. JOURNAL OR ACTION NO.<br><b>5 June 1953</b>                      |
| This is to notify you of the following action affecting your employment:  |  |  |   |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Promotion</b>  |  | 6. EFFECTIVE DATE<br><b>7 June 1953</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>Sch A-6, 116(b)</b> |
| FROM  |  | TO   |   |
| <b>Intel. Anal. EV-469.08-4</b><br><br><b>GS-132-1 \$3175.00 per annum</b><br><br><b>DDP/FI</b><br><b>Records Integration Staff</b><br><b>Processing &amp; Records Branch</b><br><b>Consolidation Section</b><br><b>Washington, D.C.</b>  |  | <b>Same EV-469.08</b><br><br><b>GS-132-1 \$3110.00 per annum</b><br><br><b>Same</b><br><b>Same</b><br><b>Same</b><br><b>Same</b><br><b>Same</b>  |   |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL<br>11. VETERAN'S PREFERENCE <input checked="" type="checkbox"/>   |  | 12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL<br>14. POSITION CLASSIFICATION ACTION<br><b>CD-FI</b>  |   |
| 13. SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F<br>15. RACE <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> N<br>16. POINT <input checked="" type="checkbox"/> DEAD <input checked="" type="checkbox"/> OTHER<br>17. APPROPRIATION <b>118100</b><br>FROM: <b>2309-20</b><br>TO: <b>Same</b> |  | 18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b><br>19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)<br>20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |   |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.  |  |  |   |
| <b>EXTENSION</b><br><b>2027</b>   |  |  |   |
| ENTRANCE PERFORMANCE RATING<br><b>Chief, Personnel Division</b>   |  |  |   |

4. PERSONNEL FOLDER COPY

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

|  |  |   |   |                              |
|--|--|---|---|------------------------------|
| 1. NAME (MR.-MISS.-MRS.-ONE OF THE NAME, INITIAL(S), AND SURNAME)<br><b>Mr. James S. Woods</b>   |  | 2. DATE OF BIRTH<br><b>20 Feb. 28</b>   | 3. JOURNAL OR ACTION NO.  | 4. DATE<br><b>24 Apr. 53</b> |
| This is to notify you of the following action affecting your employment:   |  |   |   |                              |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>  |  | 6. EFFECTIVE DATE<br><b>26 Apr. 53</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>Schedule A-6.116(b)</b> |                              |
| FROM<br><b>Mail and File Clerk EV-304.00</b>   |  | TO<br><b>Intell. Anal. EV-469.00-1</b>  |   |                              |
| 8. POSITION TITLE<br><b>68-4-303 \$3175.00 per annum</b>   |  | 9. SERVICE SERIES, GRADE, SALARY<br><b>68-4-132 Same</b>  |   |                              |
| 10. ORGANIZATIONAL DESIGNATIONS<br><b>NDP/FI/RI</b>  |  | 11. HEADQUARTERS<br><b>Same</b>   |   |                              |
| 12. FIELD OR DEPTL.<br><b>Washington, D.C.</b>   |  | 13. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>   |   |                              |
| 14. POSITION CLASSIFICATION ACTION<br><b>11K2100</b>   |  | 15. VETERAN'S PREFERENCE<br><input checked="" type="checkbox"/> NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 1-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DEAD/OTHER |   |                              |
| 16. SEX <b>M</b> 17. RACE <b>W</b> 18. APPROPRIATION <b>2309-00</b>  |  | 19. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>YES</b>  |   |                              |
| 20. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) <b>2309-20</b>  |  | 21. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>* STATE <b>DC</b>  |   |                              |
| 22. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled at any time if it fails to meet all requirements. |  |   |   |                              |
|    |  |   |   |                              |
| ENTRANCE PERFORMANCE RATING: <b>Woods, James S.</b>  |  |   |   |                              |
| Chief, Personnel Division  |  |   |   |                              |



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

|  |                      |  |   |  |
|--|----------------------|--|---|--|
| 1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIAL(S), AND SURNAME)<br><b>Mr. James B. Woods</b>  |                      | 2. DATE OF BIRTH<br><b>20 Feb. 28</b>  | 3. JOURNAL OR ACTION NO.  | 4. DATE<br><b>9 Mar. 53</b>  |
| This is to notify you of the following action affecting your employment:   |                      |  |   |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>Reassignment</b>  |                      | 6. EFFECTIVE DATE<br><b>15 Mar. 53</b>   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>Schedule A-6.116(b)</b> |  |
| FROM<br><b>File Clerk BY-336</b>   |                      | 8. POSITION TITLE<br><b>Mail and File Clerk BY-364.03</b>  | TO  |  |
| 9. SERVICE, GRADE, SALARY<br><b>GS-4-305 \$3175.00 per annum</b>   |                      | 10. ORGANIZATIONAL DESIGNATIONS<br><b>03-4<br/>BANK<br/>BANK<br/>Consolidation Section</b>   |   |  |
| 11. HEADQUARTERS<br><b>Washington, D.C.</b>  |                      | 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |   |  |
| 13. VETERAN'S PREFERENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/><br><input checked="" type="checkbox"/> X  |                      | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> L.A. <input type="checkbox"/> REAL <input type="checkbox"/> |   |  |
| 15. SEX<br><b>M</b>  | 16. RACE<br><b>W</b> | 17. APPROPRIATION<br>FROM: <b>11K2100</b><br>TO: <b>2309-20</b>  | 18. SUBJECT TO C. S. RETIREMENT ACT (VLS-INC)<br><b>yes</b>             | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)<br><b>yes</b> |
| 20. LEGAL RESIDENCE<br><input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br><b>STDC</b>  |                      |  |   |  |
| 21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements. |                      |  |   |  |
| ENTRANCE PERFORMANCE RATING<br><b>Chief, Personnel Division</b>  |                      |  |   |  |

S-E-C-R-E-T  
Security Information

COMBINED PERSONNEL ACTION

Page 9 of 36 pages

Used in lieu of SF-52 and/or SF-50 to document the following types of personnel actions involving no change in grade or salary: (a) Change in title (b) Change of position number (c) Reassignment within Division without series code change (d) Reassignment within Division with series code change. (Note: For action (type d) a SF-50 will be prepared for vouchered positions from information on this form.)

(1) Staff or Division RI (2) Date 17 November 1952 (3) Effective Date of Action 7 Dec 52  
FROM TO

| (1) NAME | (5) ORG. I.F. &<br>POS. TITLE  | (6) SCHEDULE<br>SERIES-Grade | (7) SLOT<br>NOS. | (8) ACTION | (9) ORG. I.F. &<br>POS. TITLE | (10) SCHEDULE<br>SERIES-Grade | (11) SLOT<br>NOS. |
|----------|--------------------------------|------------------------------|------------------|------------|-------------------------------|-------------------------------|-------------------|
|          | File Clerk                     | GS-4                         | X-32.03          | A          | File Supervisor               | GS-305-4                      | BV-353.01         |
|          | File Clerk                     | GS-4                         | X-34.02          | B          | File Clerk                    | GS-305-4                      | BV-354.           |
|          | File Clerk                     | GS-4                         | X-34.            | B          | File Clerk                    | GS-305-4                      | BV-354.01         |
|          | File Clerk                     | GS-4                         | X-38.02          | B          | File Clerk                    | GS-305-4                      | BV-354.02         |
|          | File Clerk                     | GS-4                         | X-38.03          | B          | File Clerk                    | GS-305-4                      | BV-354.03         |
|          | File Supervisor<br>nce Section | GS-5                         | X-33.            | B          | File Supvr.                   | GS-305-5                      | BV-355.           |
|          | File Clerk                     | GS-4                         | X-32.22          | B          | File Clerk                    | GS-305-4                      | BV-356.           |
|          | File Clerk                     | GS-4                         | X-34.03          | A          | File Supervisor               | GS-305-4                      | BV-357.           |
|          | File Clerk                     | GS-4                         | X-32.02          | B          | File Clerk                    | GS-305-4                      | BV-358.           |
|          | File Clerk                     | GS-4                         | X-38.04          | B          | File Clerk                    | GS-305-4                      | BV-358.01         |
|          | File Clerk                     | GS-4                         | X-34.01          | B          | File Clerk                    | GS-305-4                      | BV-358.02         |

(12) APPROVED: [Signature] (13) APPROVED: [Signature] (14) APPROVED: [Signature]  
Class & Range Div. Personnel Div.

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

(ml)

|  |                      |  |   |
|--|----------------------|--|---|
| 1. NAME (MR—MISS—MRS—ONE GIVEN NAME, INITIALS, AND SURNAME)<br><b>Mr. James S. Woods</b>   |                      | 2. DATE OF BIRTH<br><b>20 Feb. '28</b>   | 3. JOURNAL OR ACTION NO.<br><b>14 Aug. '52</b>  |
| This is to notify you of the following action affecting your employment:   |                      |  |   |
| 5. NATURE OF ACTION (USE STANDARD TERM, POLICY)<br><b>Promotion</b>  |                      | 6. EFFECTIVE DATE<br><b>17 Aug. '52</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>Schedule 4-6.116(h)</b>   |
| FROM   |                      | TO   |   |
| <b>File Clerk I-39.04</b><br><br><b>GS-3-305 \$2950.00 per annum</b><br><b>OSO</b><br><b>RI</b><br><b>Processing and Records Branch</b><br><b>File Section</b><br><br><b>Washington, D.C.</b>  |                      | <b>File Clerk X-102.22</b><br><br><b>GS-4-305 \$3175.00 per annum</b><br><b>OSO</b><br><b>RI</b><br><b>Analysis and Operations Branch</b><br><b>Service and Correspondence</b><br><b>Section</b> |   |
| <input type="checkbox"/> FIELD<br><input checked="" type="checkbox"/> <b>DEPARTMENTAL</b>  |                      | <input type="checkbox"/> FIELD<br><input type="checkbox"/> <b>DEPARTMENTAL</b>   |   |
| 13. VETERAN'S PREFERENCE<br>NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>              |                      | 14. POSITION CLASSIFICATION ACTION<br>NEW <input type="checkbox"/> VICE <input type="checkbox"/> P.A. <input type="checkbox"/> REAL <input type="checkbox"/>                                     |   |
| 15. SEX<br><b>M</b>  | 16. RACE<br><b>W</b> | 17. APPROPRIATION<br>FROM: <b>11X2100</b><br>TO: <b>11X2100</b>  | 18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)<br><input checked="" type="checkbox"/>  |                      | 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input checked="" type="checkbox"/> PROVED<br>STATE: <b>DC</b>   |   |
| 21. REMARKS: THIS ACTION IS SUBJECT TO APPLICABLE LAWS, RULES AND REGULATIONS AND MAY BE SUBJECT TO INVESTIGATION AND APPROVAL BY THE UNITED STATES CIVIL SERVICE COMMISSION. THE ACTION MAY BE CORRECTED OR CANCELLED IF NOT IN ACCORDANCE WITH ALL REQUIREMENTS. |                      |  |   |
| Chief, Personnel Division<br>ENTRANCE EFFICIENCY RATING: <b>11X2100</b><br>SIGNATURE OR OTHER AUTHENTICATION: <b>John S. Woods</b>   |                      |  |   |

V.C. 26 March 1952  
JED

STANDARD FORM NO. 64 (REVISED)  
MAY 1962 EDITION  
GSA GEN. REG. NO. 27  
QUANTITY 500  
U. S. CIVIL SERVICE COMMISSION

**CENTRAL INTELLIGENCE AGENCY**

# NOTIFICATION OF PERSONNEL ACTION

[illegible]

**CONFIDENTIAL**  
CLASSIFICATION

### FITNESS REPORT

#### SECTION A

#### GENERAL INFORMATION

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| 1. EMPLOYEE NUMBER<br><b>010032</b>                       | 2. NAME (Last, first, middle)<br><b>WOODS, James S.</b> | 3. DATE OF BIRTH<br><b>02/20/28</b>                 | 4. SEX<br><b>M</b>   | 5. GRADE<br><b>12</b>                      | 6. SD<br><b>D</b>                                  |
| 7. OFFICIAL POSITION TITLE<br><b>RECORDS ADMIN OFF CH</b> |   | 8. OFF. DIV. OR OF ASSIGNMENT<br><b>DDO/CCS/REG</b> |  | 9. CURRENT STATION<br><b>HQS</b>           |  |
| 11. TYPE OF APPOINTMENT                                   |   | 12. TYPE OF REPORT                                  |  |  |  |
| <input checked="" type="checkbox"/> CAREER                | <input type="checkbox"/> RESERVE                        | <input type="checkbox"/> TEMPORARY                  | <input type="checkbox"/> INITIAL                                 | <input checked="" type="checkbox"/> ANNUAL | <input checked="" type="checkbox"/> REASSIGNMENT   |
| <input type="checkbox"/> CONTRACT                         | <input type="checkbox"/> SPECIAL                        | <input type="checkbox"/> OTHER                      | 13. REPORTING PERIOD (FROM-TO)<br><b>01 July 76 - 08 July 77</b> |  | 14. DATE REPORT DUE IN D.P.<br><b>31 July 1977</b> |

#### SECTION B

#### QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**NO**

#### SECTION C

#### PERFORMANCE EVALUATION

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

#### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated as their ability to supervise (indicate number of employees supervised).

|   |                           |
|---|---------------------------|
| SPECIFIC DUTY NO. 1 <b>Chief of CCS Registry--Supervises employees in setting up and maintaining Staff files and necessary card indices; receiving, distributing and dispatching correspondence to and from the Staff; and processing requests for file traces and other information.</b>   | RATING LETTER<br><b>O</b> |
| SPECIFIC DUTY NO. 2 <b>CCS Records Management Officer--Responsible for overall management of CCS records management program. Monitors developments in DDO records management policies and procedures; maintains liaison with ISS and DDO Records Management Officers; seeks improvement in CCS records organization and discipline.</b> | RATING LETTER<br><b>O</b> |
| SPECIFIC DUTY NO. 3 <b>Works with personnel responsible for developing and launching the CCS computerized records system (CENCO) to ensure proper integration of Registry Information.</b>  | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 4   | RATING LETTER             |
| SPECIFIC DUTY NO. 5   | RATING LETTER             |
| SPECIFIC DUTY NO. 6   | RATING LETTER             |

#### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

**O**

CLASSIFICATION  
**CONFIDENTIAL**

**CONFIDENTIAL**  
CLASSIFICATION

**SECTION D**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Woods continued to perform in outstanding fashion as Chief of the CCS Registry during an extremely busy period. The figures cited in the last Fitness Report as to the workload of the CCS Registry continued to be representative of the volume and variety of Mr. Woods' responsibilities. He supervised the work of six subordinates with a successful combination of patience and firm professionalism. He continued to be the source of sound, constructive suggestions for coping with the paper "explosion" occasioned by the investigations of CIA and the Freedom of Information and Privacy Acts. Mr. Woods is a highly valuable, reliable, unobtrusively effective records manager. In moving on to new responsibilities in an area division he leaves behind a solid record of achievement and the admiration of those with whom he has served in CCS.

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 August 1977

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

TYPED OR PRINTED NAME AND SIGNATURE

Arthur C. Close

**2. BY EMPLOYEE**

I HAVE ☒ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

James S. Woods

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Mr. Close's evaluation of Mr. Woods' performance during the reporting period agrees completely with my observations and conclusions. Mr. Woods is a first-class professional records officer and supervisor who has clearly earned an overall rating of OUTSTANDING.

DATE

17 August 1977

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, Central Cover Staff

TYPED OR PRINTED NAME AND SIGNATURE

ERICH W. ISENSTEAD

**4. BY EMPLOYEE**

I CERTIFY I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☒ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

1977  
18 Aug

SIGNATURE OF EMPLOYEE

James S. Woods

CLASSIFICATION  
**CONFIDENTIAL**

**CONFIDENTIAL**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

|  |  |   |  |                          |  |
|--|--|---|--|--------------------------|--|
| 1. EMPLOYEE NUMBER<br><b>010032</b>  | 2. NAME (Last, first, middle)<br><b>WOODS James S.</b> | 3. DATE OF BIRTH<br><b>02/20/28</b>               | 4. SEX<br><b>M</b>   | 5. GRADE<br><b>GS-12</b> | 6. DO<br><b>DAC</b>                                |
| 7. OFFICIAL POSITION TITLE<br><b>RECORDS ADMIN OF CH</b>   |  | 8. OFF/DIV/HR OF ASSIGNMENT<br><b>DDO/CCS/REG</b> | 9. CURRENT STATION<br><b>HQS</b>   |                          | 10. CODE (CA, I)<br><b>K HQS. DF</b>               |
| 11. TYPE OF APPOINTMENT<br><input checked="" type="checkbox"/> <b>CAREER</b> <input type="checkbox"/> <b>RESERVE</b> <input type="checkbox"/> <b>TEMPORARY</b> |  |   | 12. TYPE OF REPORT<br><input type="checkbox"/> <b>INITIAL</b> <input checked="" type="checkbox"/> <b>ANNUAL</b> <input type="checkbox"/> <b>REASSIGNMENT</b> <input type="checkbox"/> <b>SPECIAL</b> |                          |  |
| <input type="checkbox"/> <b>CONTRACT</b> <input type="checkbox"/> <b>SPECIAL</b> <input type="checkbox"/> <b>OTHER</b>   |  |   | 13. REPORTING PERIOD (FROM-TO)<br><b>1 July 1975-30 June 1976</b>  |                          | 14. DATE REPORT DUE IN O.P.<br><b>30 July 1976</b> |

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**NO**

**SECTION C**

**PERFORMANCE EVALUATION**

|                         |   |
|-------------------------|---|
| <b>U-Unsatisfactory</b> | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| <b>M-Marginal</b>       | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  |
| <b>P-Proficient</b>     | Performance is satisfactory. Desired results are being produced in the manner expected.   |
| <b>S-Strong</b>         | Performance is characterized by exceptional proficiency.  |
| <b>O-Outstanding</b>    | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                                  |
|--|----------------------------------|
| <b>SPECIFIC DUTY NO. 1</b> Chief of Registry Section--supervises 6 employees in maintenance of Staff files and required card indices; receiving and distributing Staff correspondence; and processing requests for file checks and other information | <b>RATING LETTER</b><br><b>S</b> |
| <b>SPECIFIC DUTY NO. 2</b> Records Management Officer--responsible for the overall CCS records management program  | <b>RATING LETTER</b><br><b>O</b> |
| <b>SPECIFIC DUTY NO. 3</b>   | <b>RATING LETTER</b>             |
| <b>SPECIFIC DUTY NO. 4</b>   | <b>RATING LETTER</b>             |
| <b>SPECIFIC DUTY NO. 5</b>   | <b>RATING LETTER</b>             |
| <b>SPECIFIC DUTY NO. 6</b>   | <b>RATING LETTER</b>             |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**

**O**

**CONFIDENTIAL**  
CLASSIFICATION

**SECTION D**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Woods is a quiet, highly effective manager of a major repository of records within the DDO. The workload of his Section is staggering: over 8,000 documents filed each month, over 500 index cards prepared each month; close to 300 Freedom of Information or Privacy Act requests processed each month, etc. Mr. Woods organizes his Section well; he handles a group of six women with skill and understanding and he heads, as a result, a harmoniously working team.

Mr. Woods approaches problems with a positive attitude and brings his considerable experience and imagination to bear with appropriate initiative and follow-through. His response to the exceptionally heavy workload of the Staff over the past year of Congressional investigations and cover exposes was vital to the Staff's and the DDO's requirements for current and historical records. He volunteers ideas designed to improve the Staff's records; he works weekends and after hours to keep ahead of a growing avalanche of paper and requests for information. He is, in sum, a highly competent, knowledgeable, yet flexible records manager upon whom the Staff relies heavily.

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

27 July 1976

OFFICIAL TITLE OF SUPERVISOR

DC/CCS

TYPED OR PRINTED NAME AND SIGNATURE

Arthur C. Close

**2. BY EMPLOYEE**

I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

27 July 76

SIGNATURE OF EMPLOYEE

James S. Woods

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I have no difficulty in agreeing with the letter ratings and the narrative evaluation in the above report. Mr. Woods established the high level of his professional competence very soon after his assignment in CCS and has maintained this standard without interruption. I again must emphasize his abilities as supervisor in one of the toughest supervisory assignments known to me. With a Registry Chief like Mr. Woods, it is easy to come to the conclusion that running a registry of the complexity and volume as that of CCS is a cinch - at least he makes it appear that way.

DATE

29 July 1976

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CCS

TYPED OR PRINTED NAME AND SIGNATURE

Erich W. Isenstead

**4. BY EMPLOYEE**

I CERTIFY I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT. I HAVE ☒ HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

29 July

SIGNATURE OF EMPLOYEE

James S. Woods

CLASSIFICATION  
**CONFIDENTIAL**



**SECRET**  
CLASSIFICATION

### FITNESS REPORT

| SECTION A  |                                  |   |  | GENERAL INFORMATION                                |  |  |                                  |
|--|----------------------------------|---|--|--|--|--|----------------------------------|
| 1. EMPLOYEE NUMBER<br><b>010032</b>                                    |                                  | 2. NAME (Last, first, middle)<br><b>Woods, James S.</b> |  | 3. DATE OF BIRTH<br><b>02/20/28</b>                |  | 4. SEX <b>M</b> 5. GRADE <b>GS-12</b> 6. DD <b>DAC</b> |                                  |
| 7. OFFICIAL POSITION TITLE<br><b>Records Admin OF-CH</b>               |                                  | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/CCS/REG</b>       |  | 9. CURRENT STATION<br><b>HQS</b>                   |  | 10. CODE (if any)<br><b>X HQS</b> <b>DP</b>            |                                  |
| 11. TYPE OF APPOINTMENT  |                                  |   |  | 12. TYPE OF REPORT                                 |  |  |                                  |
| <input checked="" type="checkbox"/> CAREER                             | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT                       | <input type="checkbox"/> OTHER (Spec.) | <input type="checkbox"/> TEMPORARY                 | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT                  | <input type="checkbox"/> SPECIAL |
| 13. REPORTING PERIOD (from-to)<br><b>1 January 1975 - 30 June 1975</b> |                                  |   |  | 14. DATE REPORT DUE IN O.P.<br><b>31 July 1975</b> |  |  |                                  |

| SECTION B  |  | QUALIFICATIONS UPDATE |  |
|--|--|-----------------------|--|
| 15. QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT. PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT. |  |                       |  |
|  |  | <b>YES</b>            |  |

| SECTION C               |  | PERFORMANCE EVALUATION  |  |
|-------------------------|--|---|--|
| <u>U-Unsatisfactory</u> |  | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |  |
| <u>M-Marginal</u>       |  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  |  |
| <u>P-Proficient</u>     |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |  |
| <u>S-Strong</u>         |  | Performance is characterized by exceptional proficiency.  |  |
| <u>O-Outstanding</u>    |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |  |

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                           |
|--|---------------------------|
| SPECIFIC DUTY NO. 1<br><b>Chief of Registry Section - supervises 7 employees</b>   | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br><b>Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.</b> | RATING LETTER<br><b>O</b> |
| SPECIFIC DUTY NO. 3  | RATING LETTER             |
| SPECIFIC DUTY NO. 4  | RATING LETTER             |
| SPECIFIC DUTY NO. 5  | RATING LETTER             |
| SPECIFIC DUTY NO. 6  | RATING LETTER             |

| OVERALL PERFORMANCE IN CURRENT POSITION  |                           |
|--|---------------------------|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | RATING LETTER<br><b>S</b> |

**SECRET**  
CLASSIFICATION

SECRET

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JUL 8 11 25 AM '75

During the 6 months under review Mr. Woods has continued to fulfill his responsibilities in the same excellent manner which has been documented in his last two fitness reports and which led to his promotion to GS-12. Mr. Woods surefootedness as a records officer and manager of people, together with ability to take necessary initiatives where actions are required and his maturity and sound judgement, make him an ideal chief of this very active and complex registry and records management office. I dread to think that eventual rotation will deprive me of the services of this extraordinarily competent and effective officer.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

1 year, 9 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

7 July 1975

OFFICIAL TITLE OF SUPERVISOR

Chief, CCS

TYPED OR PRINTED NAME AND SIGNATURE

Erich W. Isenstead

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

James S. Woods

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

There is no one in the chain of command who could act as reviewing officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

7 July 1975

SIGNATURE OF EMPLOYEE

James S. Woods

CLASSIFICATION

SECRET

CLASSIFICATION

| FITNESS REPORT   |                                  |  |   |                                    |   |                                       |   |                    |            |
|--|----------------------------------|--|---|------------------------------------|---|---------------------------------------|---|--------------------|------------|
| SECTION A GENERAL INFORMATION  |                                  |  |   |                                    |   |                                       |   |                    |            |
| 1. EMPLOYEE NUMBER<br>010032   |                                  | 2. NAME (last, first, middle)<br>WOODS, JAMES S. |   |                                    | 3. DATE OF BIRTH<br>02/20/28  |                                       | 4. SEX<br>M                                 | 5. GRADE<br>GS-12  | 6. SD<br>D |
| 7. OFFICIAL POSITION TITLE<br>RECORDS ADMIN OF-CH  |                                  |  | 8. OFF/DIV/BR OF ASSIGNMENT<br>DDO/CCS/REGISTRY |                                    | 9. CURRENT STATION<br>HEADQUARTERS  |                                       | 10. CODE (4-6)<br>X HQS DP                  |                    |            |
| 11. TYPE OF APPOINTMENT  |                                  |  |   |                                    | 12. TYPE OF REPORT  |                                       |   |                    |            |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE | <input type="checkbox"/> CONTRACT                | <input type="checkbox"/> OTHER (Spec.)          | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> ANNUAL   | <input type="checkbox"/> REASSIGNMENT | <input checked="" type="checkbox"/> SPECIAL |                    |            |
| 13. REPORTING PERIOD (from-to)<br>1 June 1974-31 December 1974   |                                  |  |   |                                    | 14. DATE REPORT DUE IN O.P.<br>31 January 1974 (Retirement of Supervisor) |                                       |   |                    |            |
| SECTION B QUALIFICATIONS UPDATE  |                                  |  |   |                                    |   |                                       |   |                    |            |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |                                  |  |   |                                    |   |                                       |   |                    |            |
| SECTION C PERFORMANCE EVALUATION   |                                  |  |   |                                    |   |                                       |   |                    |            |
| <p><u>U-Unsatisfactory</u> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><u>M-Marginal</u> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><u>P-Proficient</u> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><u>S-Strong</u> Performance is characterized by exceptional proficiency.</p> <p><u>O-Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |                                  |  |   |                                    |   |                                       |   |                    |            |
| SPECIFIC DUTIES  |                                  |  |   |                                    |   |                                       |   |                    |            |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |                                  |  |   |                                    |   |                                       |   | RATING LETTER      |            |
| SPECIFIC DUTY NO. 1<br>Chief of Registry Section - supervises seven employees  |                                  |  |   |                                    |   |                                       |   | S                  |            |
| SPECIFIC DUTY NO. 2<br>Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.  |                                  |  |   |                                    |   |                                       |   | O                  |            |
| SPECIFIC DUTY NO. 3<br>CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security - through 6 October 1974.   |                                  |  |   |                                    |   |                                       |   | S                  |            |
| SPECIFIC DUTY NO. 4  |                                  |  |   |                                    |   |                                       |   | RATING LETTER      |            |
| SPECIFIC DUTY NO. 5  |                                  |  |   |                                    |   |                                       |   | RATING LETTER      |            |
| SPECIFIC DUTY NO. 6  |                                  |  |   |                                    |   |                                       |   | RATING LETTER      |            |
| OVERALL PERFORMANCE IN CURRENT POSITION  |                                  |  |   |                                    |   |                                       |   |                    |            |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |                                  |  |   |                                    |   |                                       |   | RATING LETTER<br>S |            |

FORM 45 9-73

CLASSIFICATION  
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NOV 1974

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CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

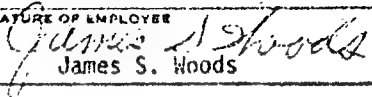
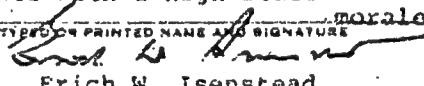

Since his last Fitness Report, in June 1974, Mr. Woods has continued his extremely fine performance as a conscientious, hardworking and thoughtful records manager and registry supervisor. The CCS registry workload remains at about the same level as previously reported, and Mr. Woods regularly works an hour or so of uninterrupted overtime every working day personally reorganizing procedures, cleaning out, consolidating, and retiring files. His enthusiastic determination in reducing the numbers of out-of-date and no longer useful files is most exemplary. Knowing the numbers of primary and supplemental files involved in this exercise, and as a retiring supervisor, I can only wish him "good luck":

Mr. Woods also continues eager to learn and use new methods and techniques. During this reporting period, in July 1974, he took the Agency course "Introduction to Micrographics Seminar #2."

Finally it gives me pleasure to note here that, effective <sup>24</sup> November 1974, Mr. Woods will be given a well deserved promotion from GS 11/6 to GS 12/3.

SECTION E

CERTIFICATION AND COMMENTS

|  |   |  |  |
|--|---|--|--|
| 1. BY SUPERVISOR   |   |  |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |  |
| 15 months  |   |  |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED  |  |
| 20 November 1974   | Deputy Chief, CCS   |  |  |
| 2. BY EMPLOYEE   |   |  |  |
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE   |   | DATE   | SIGNATURE OF EMPLOYEE  |
| <input type="checkbox"/> HAVE ATTACHED<br><input checked="" type="checkbox"/> HAVE NOT ATTACHED  |   | 20 Nov 74  | <br>James S. Woods |
| 3. BY REVIEWING OFFICIAL   |   |  |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |  |  |
| Both <span style="border: 1px solid black; padding: 0 10px;"> </span> letter ratings and narrative comments accurately reflect the quality of Mr. Woods' performance during the reporting period. He is a thoroughgoing professional records officer who uses his extensive experience and his good judgement to take initiatives toward improving the Registry service and the management of records. Hand in hand with his high substantive competence goes his excellent ability as a supervisor. I can say nothing more laudable in this regard than that I have not had to deal with Registry personnel problems during the last year. He knows the job that needs to be done and so do his people. With this kind of leadership, the work gets accomplished with a high state of morale. |   |  |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE  |  |
| 25 November 1974   | Chief, Cover and Commercial Staff                               | <br>Erich W. Isenstead |  |
| 4. BY EMPLOYEE   |   |  |  |
| I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT  |   | DATE   | SIGNATURE OF EMPLOYEE  |
|  |   | 25 Nov 74  | <br>James S. Woods |

CLASSIFICATION  
SECRET

**S E C R E T**  
CLASSIFICATION

| FITNESS REPORT   |   |  |  |   |  |                                       |                                  |  |                      |
|--|---|--|--|---|--|---------------------------------------|----------------------------------|--|----------------------|
| <b>SECTION A GENERAL INFORMATION</b>   |   |  |  |   |  |                                       |                                  |  |                      |
| 1. EMPLOYEE NUMBER<br><b>010032</b>  | 2. NAME (last, first, middle)<br><b>WOODS, JAMES S.</b> | 3. DATE OF BIRTH<br><b>02/20/28</b>                    | 4. SEX<br><b>N</b>                     | 5. GRADE<br><b>GS-11</b>                  | 6. SD<br><b>D</b>                                  |                                       |                                  |  |                      |
| 7. OFFICIAL POSITION TITLE<br><b>RECORDS ADMIN 07 - CH</b>   |   | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/CCS/REGISTRY</b> |  | 9. CURRENT STATION<br><b>HEADQUARTERS</b> |  | 10. CODE (if any)<br><b>X N08 DP</b>  |                                  |  |                      |
| 11. TYPE OF APPOINTMENT  |   |  |  |   | 12. TYPE OF REPORT                                 |                                       |                                  |  |                      |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> RESERVE                        | <input type="checkbox"/> CONTRACT                      | <input type="checkbox"/> OTHER (Spec.) | <input type="checkbox"/> TEMPORARY        | <input checked="" type="checkbox"/> ANNUAL         | <input type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL |  |                      |
| 13. REPORTING PERIOD (from-to)<br><b>1 June 1973 - 31 May 1974</b>   |   |  |  |   | 14. DATE REPORT DUE IN O.P.<br><b>30 June 1974</b> |                                       |                                  |  |                      |
| <b>SECTION B QUALIFICATIONS UPDATE</b>   |   |  |  |   |  |                                       |                                  |  |                      |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |   |  |  |   |  |                                       |                                  |  | <b>NO</b>            |
| <b>SECTION C PERFORMANCE EVALUATION</b>  |   |  |  |   |  |                                       |                                  |  |                      |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |   |  |  |   |  |                                       |                                  |  |                      |
| <b>SPECIFIC DUTIES</b>   |   |  |  |   |  |                                       |                                  |  |                      |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |   |  |  |   |  |                                       |                                  |  | <b>RATING LETTER</b> |
| SPECIFIC DUTY NO. 1<br><b>Chief of Registry Section - supervises seven employees.</b>  |   |  |  |   |  |                                       |                                  |  | <b>S</b>             |
| SPECIFIC DUTY NO. 2<br><b>Records Management Officer - responsible for the overall CCS records management program, ensuring that it is in conformity with DDO and Agency records management policy and procedures.</b>   |   |  |  |   |  |                                       |                                  |  | <b>O</b>             |
| SPECIFIC DUTY NO. 3<br><b>CCS Security Officer - Briefs all new and departing CCS employees on Agency and CCS security procedures. Also responsible for duty rosters and related security instructions, and maintains liaison with the Office of Security.</b>   |   |  |  |   |  |                                       |                                  |  | <b>S</b>             |
| SPECIFIC DUTY NO. 4  |   |  |  |   |  |                                       |                                  |  | <b>RATING LETTER</b> |
| SPECIFIC DUTY NO. 5  |   |  |  |   |  |                                       |                                  |  | <b>RATING LETTER</b> |
| SPECIFIC DUTY NO. 6  |   |  |  |   |  |                                       |                                  |  | <b>RATING LETTER</b> |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |   |  |  |   |  |                                       |                                  |  |                      |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |   |  |  |   |  |                                       |                                  |  | <b>S</b>             |

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CLASSIFICATION

| SECTION D  |   | NARRATIVE COMMENTS                              |                       |
|--|---|---|-----------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.</p> <p>After a short overlap with his predecessor, Mr. Woods assumed his responsibilities as Chief of Registry, CCS, on 3 October 1973 - roughly nine months ago. In this position he is responsible, overall, for CCS registry and records management activities, including the supervision of seven other individuals. As could be expected from even a casual reading of his past fitness reports, Mr. Woods quickly took hold, and has been performing his new responsibilities in an exemplary manner. Despite the volume and variety of files with which he was required to become familiar, early on he systematically began cleaning out, consolidating, and retiring files as appropriate, reorganizing and updating the indexing system for individual and project files, and redistributing employee workloads. He also reorganized the placement of file machinery, desks, and service counter to achieve greater employee comfort and efficiency in the utilization of personnel. Although his task as Staff Security Officer is a secondary function, he also reorganized, simplified and re-wrote the security check and duty officer roster procedures.</p> <p>Indicative of the work which he supervises are selected Registry statistics for May 1974: 7015 documents filed, 8200 files pulled (and re-filed) for Staff officers' use, 6642 cables processed and distributed, 9900 facility and name searches, 2353 documents logged, 833 index cards made and filed, and 200 new files opened. During his nine months with CCS, Mr. Woods not only has had to learn the CCS "system" himself.</p> |   |   |                       |
| SECTION E  |   | CERTIFICATION AND COMMENTS                      |                       |
| 1. BY SUPERVISOR   |   |   |                       |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |                       |
| 10 mos   |   |   |                       |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TY  |                       |
| 25 June 1974   | DC/CCS  |   |                       |
| 2. BY EMPLOYEE   |   |   |                       |
| STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE   | DATE  | SIGNATURE OF EMPLOYEE                           |                       |
| <input type="checkbox"/> HAVE ATTACHED <input checked="" type="checkbox"/> HAVE NOT ATTACHED   | 25 June 74  | <i>James S. Woods</i><br>James S. Woods         |                       |
| 3. BY REVIEWING OFFICIAL   |   |   |                       |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |                       |
| <p>In the relatively short period of his assignment to CCS, Mr. Woods has completely lived up to his advance billing as reflected in past fitness reports. [redacted] has provided the specifics of Mr. Woods' accomplishments and has left me only to say that Mr. Woods is a first class professional Records Officer and supervisor who fully deserves an overall rating of Strong.</p>   |   |   |                       |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPE OR PRINTED NAME AND SIGNATURE              |                       |
| 1 Aug  | C/CCS   | <i>Erich W. Isenstead</i><br>Erich W. Isenstead |                       |
| 4. BY EMPLOYEE   |   |   |                       |
| I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT.   |   | DATE  | SIGNATURE OF EMPLOYEE |
|  |   | 1 July 74                                       | <i>James S. Woods</i> |

CLASSIFICATION  
SECRET

**S E C R E T**

Fitness Report    Woods, James D.    010032

**SECTION D   NARRATIVE COMMENTS (continued)**

but has been required, due to a turnover in personnel, to train three new Records Clerks.

Courses taken since the start of his tour with CCS include Operational Records I and III, ADP I, Forms Management Seminar, and Forms Analysis and Design Workshop.

Mr. Woods has proved to be a conscientious, hard-working and thoughtful records manager and supervisor, and CCS is glad to have him aboard. I am sure that the next records inventory will provide statistical evidence of his abilities as a "housecleaner."

**S E C R E T**

SECRET

(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                    |
|--|--|--|---|------------------------|--------------------|
|  |  |  |   | 010032                 |                    |
| <b>SECTION A GENERAL</b>   |  |  |   |                        |                    |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE           |
| Woods, James S.  |  |  | 20 Feb 28   | M                      | GS-11              |
| 5. OFFICIAL POSITION TITLE   |  |  | 7. OFF. DIV/BR OF ASSIGNMENT  | 8. CURRENT STATION     |                    |
| Records Admin Officer  |  |  | DDO/EUR   | Rome                   |                    |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                    |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  |  |  | <input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR |                        |                    |
| <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE    |                        |                    |
| SPECIAL (Specify):   |  |  | SPECIAL (Specify):  |                        |                    |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)  |                        |                    |
|  |  |  | 1 June 72 - 31 May 73   |                        |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |                        |                    |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                    |
| <b>SPECIFIC DUTIES</b>   |  |  |   |                        |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |                        |                    |
| SPECIFIC DUTY NO. 1<br>Station Records Management and Control Officer - responsible for the mediation, preparation, implementation and control of the Records Management Program.  |  |  |   |                        | RATING LETTER<br>O |
| SPECIFIC DUTY NO. 2<br>Chief of Registry Section - in this capacity he supervises one employee in the processing and pouching of all dispatch and other correspondence; serves as the cable analyst, processing and distributing all cable traffic; and serves as Top Secret Control Officer.  |  |  |   |                        | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3  |  |  |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 4  |  |  |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 5  |  |  |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 6  |  |  |   |                        | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |                        |                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |   |                        | RATING LETTER<br>O |

SECRET

MAY 1973



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This officer has continued to perform with a high degree of effectiveness and accomplishment. He has concentrated on improving our records holding standards and on purging irrelevant and out dated files. In May 1972 he began a monthly series of progress reports for the Chief of Station outlining the month's accomplishments. Copies of these reports through January 1973 were sent to Hqs in OIRT-18014 and 18015, dated 9 Feb 73. These reports clearly show this officer's focus on records management activities, his ingenuity and aggressiveness in launching programs of review of files and his tireless efforts in reducing Station holdings to a practical and useable minimum. His records inventory as of September 1972, reporting a total reduction in excess of 85 feet, speaks for itself. His next report also promises to show dramatic reductions.

This officer shows a sense of professional responsibility and determination in the oft neglected function of records management, deeper and more intense than any other witnessed by the rating officer in his career. He performs his other duties as Chief, Registry with an equally high degree of effectiveness. Subject officer may have been inadvertently hiding his talents under the proverbial bushel basket by having remained in the field for so long. It is the rater's hope that Hqs now has focussed on him and has discovered his potential for greater responsibilities. The records in this Station are tremendously improved for his having had a tour in Rome. We are certainly glad he came.

SECTION D

CERTIFICATION AND COMMENTS

|  |   |  |
|--|---|--|
| 1. BY EMPLOYEE   |   |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT   |   |  |
| DATE<br>30 April 1973  | SIGNATURE OF EMPLOYEE<br>/s/ James S. Woods                     |  |
| 2. BY SUPERVISOR   |   |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |
| DATE<br>23 May 1973  | OFFICIAL TITLE OF SUPERVISOR<br>Admin Officer                   | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ |
| 3. BY REVIEWING OFFICIAL   |   |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |  |
| This officer has been remarkably effective during his tour in Rome. While we are very sorry to lose him, there is no question that his formidable talents should be used on a much broader range of records management and related problems than could be done in this Station. His next assignment in Headquarters appears to give him that additional scope. We are glad that he served in Rome and that during this tour here he received a well-deserved promotion. Rome Station's records have improved considerably as a result of this officer's tour here. I am in full agreement with the above comments and ratings. |   |  |
| DATE<br>23 May 1973  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Ops Officer             | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |  |                             | EMPLOYEE SERIAL NUMBER  |                    |               |       |
|--|--|--|-----------------------------|---|--------------------|---------------|-------|
|  |  |  |                             | 010032  |                    |               |       |
| <b>SECTION A</b>   |  |  |                             | <b>GENERAL</b>  |                    |               |       |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH            |   | 3. SEX             | 4. GRADE      | 5. SD |
| Woods, James S.  |  |  | 20 Feb 28                   |   | M                  | GS-10         | D     |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT |   | 8. CURRENT STATION |               |       |
| Records Admin Officer  |  |  | DDP/EUR/I                   |   | Rome               |               |       |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  |                             | 10. CHECK (X) TYPE OF REPORT  |                    |               |       |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  |                             | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                    |               |       |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |  |                             | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                    |               |       |
| SPECIAL (Specify):   |  |  |                             | SPECIAL (Specify):  |                    |               |       |
| 11. DATE REPORT DUE IN O.P.  |  |  |                             | 12. REPORTING PERIOD (From - to)  |                    |               |       |
| 31 July 1972   |  |  |                             | 1 October 1971 - 31 May 1972  |                    |               |       |
| <b>SECTION B</b>   |  |  |                             | <b>PERFORMANCE EVALUATION</b>   |                    |               |       |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describes action taken or proposed in Section C.<br><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.<br><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.<br><b>S-Strong</b> Performance is characterized by exceptional proficiency.<br><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |  |                             |   |                    |               |       |
| <b>SPECIFIC DUTIES</b>   |  |  |                             |   |                    |               |       |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |                             |   |                    |               |       |
| SPECIFIC DUTY NO. 1  |  |  |                             |   |                    | RATING LETTER |       |
| Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and in the performance of other registry duties.   |  |  |                             |   |                    | O             |       |
| SPECIFIC DUTY NO. 2  |  |  |                             |   |                    | RATING LETTER |       |
| Station Records Officer - Responsible for the Station's Record Management Program.   |  |  |                             |   |                    | O             |       |
| SPECIFIC DUTY NO. 3  |  |  |                             |   |                    | RATING LETTER |       |
| Cable Analyst - Processes and distributes all incoming and outgoing cable traffic.   |  |  |                             |   |                    | S             |       |
| SPECIFIC DUTY NO. 4  |  |  |                             |   |                    | RATING LETTER |       |
| Top Secret Control Officer.  |  |  |                             |   |                    | S             |       |
| SPECIFIC DUTY NO. 5  |  |  |                             |   |                    | RATING LETTER |       |
|  |  |  |                             |   |                    |               |       |
| SPECIFIC DUTY NO. 6  |  |  |                             |   |                    | RATING LETTER |       |
|  |  |  |                             |   |                    |               |       |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |                             |   |                    |               |       |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |                             |   |                    | RATING LETTER |       |
|  |  |  |                             |   |                    | O             |       |

**SECRET**  
(When Filled In)

| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>This officer's performance over the past year has been outstanding. He is a skilled professional records manager, an indefatigable worker and a highly imaginative and efficient supervisor. Since his last Fitness Report he has directed a TDY team of records officers in a concentrated program of records reduction. He devised the program and supervised its execution with most effective results. This officer is a driver and a doer. He constantly strives to improve the Station's records management posture and follows up with procedures designed to maintain the gains achieved by his efforts. It is highly gratifying and stimulating to work with him. He sees the broad dimensions of the task at hand and focuses constantly on improving the system. This quality convinces the rater that he is capable of greater responsibilities in a position of broader scope. I recommend that Headquarters begin to plan for the utilization of this officer on the completion of his tour of duty in Rome. He should be placed in a Headquarters position in which his skills and broad experience can be fully used and in which he can achieve the professional growth of which he is both capable and deserving.</p> |   |                                     |  |
| <b>SECTION D</b>  |   |                                     |  |
| <b>CERTIFICATION AND COMMENTS</b>   |   |                                     |  |
| <b>1. BY EMPLOYEE</b>   |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 17 July 1972  | /s/ James S. Woods  |                                     |  |
| <b>2. BY SUPERVISOR</b>   |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 17 July 1972  | Admin Officer   | /s/ [ ]                             |  |
| <b>3. BY REVIEWING OFFICIAL</b>   |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| <p>I concur in the comments of the rating officer and believe the overall outstanding rating is well deserved. Subject is a first-rate Records Management officer - deeply interested in his work, conscientious in the extreme and always looking for an innovative approach that will upgrade the functioning of Registry and better serve Station needs. Without losing sight of the unending pressure to reduce and periodically reorder the Station's holdings, this officer avoids assuming attitudes that are cast in cement. He works with the Branches and individual officers in solving problems rationally. He is unfailingly pleasant and courteous and is well-liked by all. The Station is fortunate to have</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 25 July 1972  | DCOS  | /s/ Joseph A DiStefano              |  |

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(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                |
|--|--|--|---|------------------------|----------------|
| SECTION A  |  |  |   | GENERAL                |                |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE 5. SD |
| Woods, James S.  |  |  | 20 Feb. '28   | M                      | GS-10 D        |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION  |                        |                |
| Records Admin Off  |  |  | DDP/EUR/I Rome  |                        |                |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                |
| CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                |
| SPECIAL (Specify):   |  |  | SPECIAL (Specify):  |                        |                |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From- to-)  |                        |                |
|  |  |  | 4 July 1971-30 September 1971   |                        |                |
| SECTION B PERFORMANCE EVALUATION   |  |  |   |                        |                |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                |
| SPECIFIC DUTIES  |  |  |   |                        |                |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |                        |                |
| SPECIFIC DUTY NO. 1  |  |  |   |                        | RATING LETTER  |
| Chief of Registry Section - In this capacity he supervises one employee in the processing and pouching of all dispatch correspondence and other registry duties.   |  |  |   |                        | S              |
| SPECIFIC DUTY NO. 2  |  |  |   |                        | RATING LETTER  |
| Station Records Officer - Responsible for the Station's record program and to give guidance and/or assist the Station officers when called upon to do so.  |  |  |   |                        | S              |
| SPECIFIC DUTY NO. 3  |  |  |   |                        | RATING LETTER  |
| Cable Analyst - Process and distribute all incoming and outgoing cable traffic, this includes maintenance of the chrono files.   |  |  |   |                        | S              |
| SPECIFIC DUTY NO. 4  |  |  |   |                        | RATING LETTER  |
| Top Secret Control Officer.  |  |  |   |                        | P              |
| SPECIFIC DUTY NO. 5  |  |  |   |                        | RATING LETTER  |
|  |  |  |   |                        |                |
| SPECIFIC DUTY NO. 6  |  |  |   |                        | RATING LETTER  |
|  |  |  |   |                        |                |
| OVERALL PERFORMANCE IN CURRENT POSITION  |  |  |   |                        | RATING LETTER  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |   |                        | S              |

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(When Filled In)

| SECTION C  |   | NARRATIVE COMMENTS                  |  |
|--|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>  |   |                                     |  |
| <p>I have worked with this Officer just 2½ months, but this has been long enough to satisfy me that he is above average in registry work. He is a very knowledgeable registry technician, but most important, he is aggressive and imaginative in devising new procedures, or revising old ones to improve the quality of registry service to this Station. He is affable in dealing with his peers and confident and persuasive in dealing with the senior management of this Station. Shortly after his arrival he took over the analysing and distribution of the cables, and prepared a Station procedure for this purpose. Immediately following that, he devised a new procedure for handling correspondence and installed it. He had reviewed the multitudinous files at this Station and has plans to trim them back to more reasonable and appropriate dimensions. In every respect, this officer has taken charge of the function he is here to perform, and has devoted a great deal of time, thought and effort to improve it. We are indeed satisfied with his performance.</p> |   |                                     |  |
| SECTION D  |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE   |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |  |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |  |
| 4 October 1971   | /s/ James S. Woods  |                                     |  |
| 2. BY SUPERVISOR   |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| 2½ months  |   |                                     |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 4 October 1971   | Chief, Support  | /s/ [Redacted]                      |  |
| 3. BY REVIEWING OFFICIAL   |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |  |
| <p>Since I have just arrived at the Station I have not had an opportunity to observe this officer's performance. However, I respect the rating officer's judgment, which in this case coincides with other favorable comments I have heard about the Subject. I therefore defer to the rating officer's evaluation.</p>  |   |                                     |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 4 October 1971   | Deputy Chief of Station   | /s/ Joseph A. Distefano             |  |

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(When Filled In)

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|--|--|--|--|--|--------------------------|
| <b>FITNESS REPORT</b>  |  |  |  | EMPLOYEE SERIAL NUMBER<br><b>010032</b>  |                          |
| <b>SECTION A GENERAL</b>   |  |  |  |  |                          |
| 1. NAME (Last) (First) (Middle)<br><b>WOODS James S</b>  |  |  | 2. DATE OF BIRTH<br><b>20 Feb. 1923</b>  | 3. SEX<br><b>M</b>                       | 4. GRADE<br><b>GS-10</b> |
| 5. OFFICIAL POSITION/TITLE<br><b>Records Adm. Officer</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/EUR/Italian</b>  | 8. CURRENT STATION<br><b>Rome, Italy</b> |                          |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT   |  |                          |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |  |                          |
| 11. DATE REPORT DUE IN U.S.  |  |  | 12. REPORTING PERIOD (From - to)<br><b>1 January 1971 - 30 May 1971</b>  |  |                          |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |  |  |                          |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |  |                          |
| <b>SPECIFIC DUTIES</b>   |  |  |  |  |                          |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |  |  | RATING LETTER            |
| SPECIFIC DUTY NO. 1<br><b>Reviewed, retired and rationalized Italian Branch Files and explained same system to Branch personnel</b>  |  |  |  |  | <b>O</b>                 |
| SPECIFIC DUTY NO. 2  |  |  |  |  | RATING LETTER            |
| SPECIFIC DUTY NO. 3  |  |  |  |  | RATING LETTER            |
| SPECIFIC DUTY NO. 4  |  |  |  |  | RATING LETTER            |
| SPECIFIC DUTY NO. 5  |  |  |  |  | RATING LETTER            |
| SPECIFIC DUTY NO. 6  |  |  |  |  | RATING LETTER            |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |  |  |                          |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |  | <b>O</b>                 |

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(When Filled In)

| SECTION C - NARRATIVE COMMENTS  |   |                                     |
|---|---|-------------------------------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of Authority of Managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>  |   |                                     |
| <p>Mr. Woods first made a survey of the Augean stable that the Italian Branch files had become over many years of shifts in personnel and changes of direction. He then reviewed, downgraded, and retired approximately 350 Top Secret documents with appropriate Project and Subject files and copies destroyed. At the completion of this there was not one Top Secret document on the Branch. He devised, gained approval from FI/D, and carried out a new procedure for the downgrading of TYLOTE material from Top Secret to Secret so that it could be retired. He retired approximately 60 Project, 25 Subject, and fifty 201 files. He surveyed the [redacted] files and discovered that there were a total of 93 of which 19 were already closed. He closed 47 of the remainder and left 25 open and arranged for RID/ARD to retire all the material in the open files prior to 1 January 1971. He closed and retired Plan files dating back to the early 1950's. All in all, out of 76 feet of safe space filled with CS material, he retired 36 feet of files leaving a catalogue of where everything is or has been sent. A remarkable record (and done with a minimum of fuss and Branch dislocation)!</p> <p>What he did in such a short time speaks eloquently of how he went about his duties for which see the accompanying memorandum of recommendation for promotion. Reporting officer has known him over fourteen years and has the unvarying impression of him as a quietly competent, diligent, reliable, self-reliant individual.</p> <p style="text-align: right;">/continued/</p> |   |                                     |
| SECTION D - CERTIFICATION AND COMMENTS  |   |                                     |
| 1. BY EMPLOYEE  |   |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.   |   |                                     |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |
|   | Subject now in Rome Station                                     |                                     |
| 2. BY SUPERVISOR  |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| 4 months  | See above   |                                     |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYP                                 |
| 27 July 1971  | ADC/EUR/Italy   | [redacted]                          |
| 3. BY REVIEWING OFFICIAL  |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL I concur in the above evaluation. Subject turned in a most impressive performance during his brief time on the Italian Branch. Largely as a result of his enthusiasm and initiative, the Branch was able to achieve what had never been accomplished before: a complete overhaul, cleaning, purging, and restructuring of its filing system. To his credit, Subject has a keen appreciation for operational requirements and all of this work was done without sacrificing the future utilization of information acquired in the past; on the contrary, the efficient use of this material has been so enhanced that it will surely be reflected in our future operations. Mr. Woods has a unique contribution to make in Rome or any other place he is assigned. The Station is fortunate to have him...his presence is sorely needed to do the same thing in Rome that he has just accomplished  |   |                                     |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 27 July 1971  | Chief/Italian Branch  | Herschel F. Peak                    |

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You give him a job and need not worry about whether or how it will be done.

The job offered no opportunity to observe his supervisory capabilities. He is cost conscious and security conscious.

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Fitness Report

James S. Woods

(continued)

SECTION D.3. (continued).

in Headquarters. The importance of his contribution and his personal initiative and efforts should be rewarded by a promotion.

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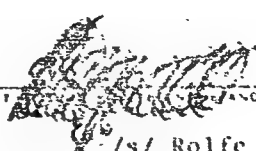
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(When Filled In)

|  |  |  |   |   |                                     |
|--|--|--|---|---|-------------------------------------|
| <b>FITNESS REPORT</b>  |  |  |   | EMPLOYEE SERIAL NUMBER<br><b>010032</b> |                                     |
| <b>SECTION A GENERAL</b>   |  |  |   |   |                                     |
| 1. NAME (Last) (First) (Middle)<br><b>Woods, James S.</b>  |  |  | 2. DATE OF BIRTH<br><b>20 Feb 23</b>  | 3. SEX<br><b>M</b>                      | 4. GRADE 5. SD<br><b>GS-10 D</b>    |
| 6. OFFICIAL POSITION TITLE<br><b>Recs Adm Off</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/EUR/BCR</b>   |   | 8. CURRENT STATION<br><b>London</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |   |                                     |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |   |                                     |
| 11. DATE REPORT DUE IN O.P.<br><b>30 November 1970</b>   |  |  | 12. REPORTING PERIOD (From - to)<br><b>30 June 1970 - 18 November 1970</b>  |   |                                     |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |   |                                     |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.<br><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.<br><b>P-Profluent</b> Performance is satisfactory. Desired results are being produced in the manner expected.<br><b>S-Strong</b> Performance is characterized by exceptional proficiency.<br><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |  |   |   |                                     |
| <b>SPECIFIC DUTIES</b>   |  |  |   |   |                                     |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |  |  |   |   |                                     |
| SPECIFIC DUTY NO. 1<br><b>Responsible for organization and direct management of the Station Registry</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 2<br><b>First-line supervisor for two full-time registry assistants.</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 3<br><b>Organizes and implements review and purge of Registry and other Station files.</b>   |  |  |   |   | RATING LETTER<br><b>O</b>           |
| SPECIFIC DUTY NO. 4<br><b>Prepares Station notices and outgoing correspondence on Registry matters.</b>  |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 5<br><b>Maintains and controls case file index and 201 file index.</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 6<br><b>Top Secret Control Officer</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |   |                                     |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |   |   | RATING LETTER<br><b>S</b>           |

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*(When Filled In)*

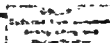
|   |  |  |  |
|---|--|--|--|
| <b>SECTION C</b>  |  | <b>NARRATIVE COMMENTS</b>  |  |
| <p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Managerial performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p>  |  |  |  |
| <p>In the four months he has been under my supervision, Subject has demonstrated that he merits in full measure the high opinion of him held by his previous supervisor. Conscientious, careful, fully knowledgeable of Registry procedures he has gone about his day-to-day tasks in an exceptionally proficient way without the need for constant supervision. He is prompt in his response to requests and has an excellent sense of "get the job done". He is an intelligent and concerned supervisor who has been meticulous in keeping his supervisors briefed on personnel and other problems as they have arisen in the Station Registry. He appears fully capable of assuming larger responsibilities in the records field. The rating officer regrets that Subject's family situation precludes his staying for another tour.</p> |  |  |  |
| <b>SECTION D</b>  |  | <b>CERTIFICATION AND COMMENTS</b>  |  |
| 1. <b>BY EMPLOYEE</b>   |  |  |  |
| <small>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</small>   |  |  |  |
| <small>DATE</small><br>17 Nov 1970  | <small>SIGNATURE OF EMPLOYEE</small><br>James S. Woods                         |  |  |
| 2. <b>BY SUPERVISOR</b>   |  |  |  |
| <small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small><br>4 months  | <small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small> |  |  |
| <small>DATE</small><br>17 November 1970   | <small>OFFICIAL TITLE OF SUPERVISOR</small><br>DCOS                            | <small>TYPED OR PRINTED NAME AND SIGNATURE</small><br>/s/ Cameron J. LaClair   |  |
| 3. <b>BY REVIEWING OFFICIAL</b>   |  |  |  |
| <small>COMMENTS OF REVIEWING OFFICIAL</small>   |  |  |  |
| <p>Although the rating officer is newly arrived in London, he has had numerous opportunities in the past to observe Subject's work and the results he has achieved in reducing London files to manageable proportions. As a result the ratings awarded in this report are endorsed without hesitation.</p>  |  |  |  |
| <small>DATE</small><br>23 November 1970   | <small>OFFICIAL TITLE OF REVIEWING OFFICIAL</small><br>COS                     | <small>TYPED OR PRINTED NAME AND SIGNATURE</small><br><br>/s/ Rolfe Kingsley |  |

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(When Filled In)

|  |  |  |   |   |                                     |
|--|--|--|---|---|-------------------------------------|
| <b>FITNESS REPORT</b>  |  |  |   | EMPLOYEE SERIAL NUMBER<br><b>010032</b> |                                     |
| <b>SECTION A GENERAL</b>   |  |  |   |   |                                     |
| 1. NAME<br>(Last) (First) (Middle)<br><b>Woods, James S.</b>   |  |  | 2. DATE OF BIRTH<br><b>20 Feb. 23</b>   | 3. SEX<br><b>M</b>                      | 4. GRADE 'S. 3D'<br><b>GS-10 D</b>  |
| 5. OFFICIAL POSITION TITLE<br><b>Records Admin Off</b>   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/EUR/BCR</b>   |   | 6. CURRENT STATION<br><b>London</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |   |                                     |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> X REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |   |                                     |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)<br><b>1 October 1969 - 30 June 1970</b>  |   |                                     |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |   |                                     |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |   |                                     |
| <b>SPECIFIC DUTIES</b>   |  |  |   |   |                                     |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |   |                                     |
| SPECIFIC DUTY NO. 1<br><b>Responsible for organization and direct management of station registry.</b>  |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 2<br><b>First-line supervisor for two full-time and one part-time registry assistants.</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 3<br><b>Organizes and implements review and purge of registry and other station files.</b>   |  |  |   |   | RATING LETTER<br><b>O</b>           |
| SPECIFIC DUTY NO. 4<br><b>Prepares station notices and outgoing correspondence on registry matters.</b>  |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 5<br><b>Maintains and controls case file index and 201 file index.</b>   |  |  |   |   | RATING LETTER<br><b>S</b>           |
| SPECIFIC DUTY NO. 6<br><b>Top Secret Control Officer.</b>  |  |  |   |   | RATING LETTER<br><b>S</b>           |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b> <span style="float: right;"><b>3 JUL 1970</b></span>  |  |  |   |   |                                     |
| Take into account everything about the employee which influences his effectiveness in his current position: his performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |   | RATING LETTER<br><b>S</b>           |



SECRET

| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> |   |                                     |  |
| <p>With about nineteen months experience managing the station registry already under his belt, his usefulness here increases. He continues to demonstrate the same quietly effective leadership and talent for sound organization in his own shop as were noted on the last fitness report.</p>   |   |                                     |  |
| <p>While maintaining a high standard in the more routine day-to-day services and processes a registry is normally expected to supply, he has also been the catalyst for a thorough, carefully phased and continuing review and, where appropriate, purge of registry and other file holdings. Administering this ambitious reduction program requires sound judgment and experience in handling the detail in our existing records. Subject has these qualities and has achieved impressive results. To complete this task, he has asked to extend his tour here for one year until November 1971 and Headquarters has approved this.</p>   |   |                                     |  |
| <p>He is invariably completely responsive to guidance from the DCOS, his immediate supervisor, and conscientiously seeks to achieve the work goals which are identified during our occasional accomplishment and performance consultations. The spirit of cooperation with which he deals with other station personnel is equally commendable.</p>  |   |                                     |  |
| <p>No criticism can be made of his security and cover deportment.</p>   |   |                                     |  |
| SECTION D   |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 18 June 1970  | /s/ James S. Woods  |                                     |  |
| 2. BY SUPERVISOR  |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 18 June 1970  | DCOS  | /s/ [ ]                             |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| <p>Concur entirely with this favorable assessment. Subject has been a dedicated and conscientious supervisor of his office. His achievements have been quite measurable and specific, as described in the above report. On the basis of his performance here, Subject should have excellent career prospects for further growth in his chosen field.</p>  |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 22 June 1970  | COS   | /s/ Bronson Tweedy                  |  |

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER              |                          |
|---|--|--|---|-------------------------------------|--------------------------|
|   |  |  |   | 010032                              |                          |
| <b>SECTION A GENERAL</b>  |  |  |   |                                     |                          |
| 1. NAME (Last) (First) (Middle)<br><b>WOODS, James S.</b>   |  |  | 2. DATE OF BIRTH<br><b>20 Feb 23</b>  | 3. SEX<br><b>M</b>                  | 4. GRADE<br><b>GS-10</b> |
| 5. OFFICIAL POSITION TITLE<br><b>Records Admin Officer</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/EUR/BCR</b>   | 8. CURRENT STATION<br><b>London</b> |                          |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |                                     |                          |
| <input type="checkbox"/> CAREER<br><input type="checkbox"/> RESERVE<br><input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL<br><input checked="" type="checkbox"/> ANNUAL<br><input type="checkbox"/> SPECIAL (Specify): |                                     |                          |
| 11. DATE REPORT DUE IN O.P.<br><b>31 October 1969</b>   |  |  | 12. REPORTING PERIOD (From - to)<br><b>18 November 1968-30 September 1969</b>   |                                     |                          |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |                                     |                          |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                                     |                          |
| <b>SPECIFIC DUTIES</b>  |  |  |   |                                     |                          |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |                                     | RATING LETTER            |
| SPECIFIC DUTY NO. 1<br><b>Responsible for organization and direct management of Station Registry.</b>   |  |  |   |                                     | <b>S</b>                 |
| SPECIFIC DUTY NO. 2<br><b>First-line supervisor for at first three, later two, full-time Registry personnel and one part-time Registry assistant.</b>   |  |  |   |                                     | <b>S</b>                 |
| SPECIFIC DUTY NO. 3<br><b>Provides informal training and guidance to some Station officers and secretaries on records procedures.</b>   |  |  |   |                                     | <b>S</b>                 |
| SPECIFIC DUTY NO. 4<br><b>Prepares Station Notices and outgoing correspondence on Registry matters.</b>   |  |  |   |                                     | <b>P</b>                 |
| SPECIFIC DUTY NO. 5<br><b>Maintains and controls case file index and 201 file index.</b>  |  |  |   |                                     | <b>S</b>                 |
| SPECIFIC DUTY NO. 6<br><b>Top Secret control officer.</b>   |  |  |   |                                     | <b>S</b>                 |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |                                     |                          |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |                                     | <b>S</b>                 |

SECRET

(When Filled In)

| SECTION C  |   | NARRATIVE COMMENTS                  |  |
|--|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable. He arrived ten months ago at this post with considerable experience in Registry work at Headquarters and at other field stations and with a thorough understanding of how a Station Registry should be organized and run. He immediately put this understanding to good use. While maintaining the overall efficiency of Registry programs already in effect when he took over, he enthusiastically began a carefully-planned and continuing effort to further reduce less than essential Registry paper holdings with results which are already impressive. His suggestions on new procedures designed to conserve space and manpower are usually imaginative and practical.</p> <p>He himself is a remarkably well-organized, conscientious and cooperative person.</p> <p>He has had to undertake his improvements while accommodating to the loss of one Registry slot which fell victim to a reductions program. Primarily due to his managerial talents, the Registry has been made to carry on almost as well with three regulars as with the previous four. Although his people are increasingly hard-worked, their morale is high. He himself appears to be a glutton for work but his Registry is obviously a happy shop.</p> |   |                                     |  |
| SECTION D  |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE   |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |  |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |  |
| 9 October 1969   | /s/ James S. Woods  |                                     |  |
| 2. BY SUPERVISOR   |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 9 October 1969   |   | /s/ [Redacted]                      |  |
| 3. BY REVIEWING OFFICIAL   |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |  |
| Concur with this very favorable assessment. Subject has a real talent for work in his chosen field and his professional accomplishments here have been impressive. Subject's career should be watched with care and there should be room for considerable advancement in the Records Management end of our business.   |   |                                     |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 5 November 1969  |   | /s/ Bronson Tweedy                  |  |

SECRET

SECRET

(When Filled In)

| FITNESS REPORT  |  |  |                             | EMPLOYEE SERIAL NUMBER   |                    |               |               |
|---|--|--|-----------------------------|--|--------------------|---------------|---------------|
|   |  |  |                             | 010032   |                    |               |               |
| <b>SECTION A GENERAL</b>  |  |  |                             |  |                    |               |               |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH            |  | 3. SEX             | 4. GRADE      | 5. SO         |
| Woods, James S.   |  |  | 20 Feb 28                   |  | M                  | GS-10         | D             |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT |  | 8. CURRENT STATION |               |               |
| Records Admin Of  |  |  | DDP/FE/VNO                  |  | Vietnam            |               |               |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  |                             | 10. CHECK (X) TYPE OF REPORT   |                    |               |               |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  |                             | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR                    |                    |               |               |
| <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |  |                             | <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |                    |               |               |
| <input type="checkbox"/> SPECIAL (Specify):   |  |  |                             | <input type="checkbox"/> SPECIAL (Specify):  |                    |               |               |
| 11. DATE REPORT DUE IN O.P.   |  |  |                             | 12. REPORTING PERIOD (From - to)   |                    |               |               |
|   |  |  |                             | 5 March 1968 - 5 October 1968  |                    |               |               |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |                             |  |                    |               |               |
| <p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |                             |  |                    |               |               |
| <b>SPECIFIC DUTIES</b>  |  |  |                             |  |                    |               |               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |                             |  |                    |               |               |
| SPECIFIC DUTY NO. 1   |  |  |                             |  |                    | RATING LETTER |               |
| Chief Station Registry  |  |  |                             |  |                    | O             |               |
| SPECIFIC DUTY NO. 2   |  |  |                             |  |                    | RATING LETTER |               |
| Management and training of personnel under his supervision  |  |  |                             |  |                    | S             |               |
| SPECIFIC DUTY NO. 3   |  |  |                             |  |                    | RATING LETTER |               |
| Scheduling of routine and exceptional work assigned to his unit.  |  |  |                             |  |                    | O             |               |
| SPECIFIC DUTY NO. 4   |  |  |                             |  |                    | RATING LETTER |               |
| Preparation of routine and other reports on the activities of his Section.  |  |  |                             |  |                    | S             |               |
| SPECIFIC DUTY NO. 5   |  |  |                             |  |                    | RATING LETTER |               |
| Overall Security of Registry operations   |  |  |                             |  |                    | S             |               |
| SPECIFIC DUTY NO. 6   |  |  |                             |  |                    | RATING LETTER |               |
| <div style="position: absolute; left: -100px; top: 50px; transform: rotate(-45deg);">             8 OCT 1968<br/>             PK           </div>   |  |  |                             |  |                    |               |               |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |                             |  |                    |               |               |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |                             |  |                    |               | RATING LETTER |
|   |  |  |                             |  |                    |               | S             |

**SECRET**

(When Filled In)

|  |                                      |                                     |  |
|--|--------------------------------------|-------------------------------------|--|
| <b>SECTION C</b>   |                                      | <b>NARRATIVE COMMENTS</b>           |  |
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> |                                      |                                     |  |
| <p>This is Subject's final Fitness Report as Chief, Registry at Vietnam Station. He has worked long and hard but can look with pride at the many accomplishments that he has effected during his tenure. He will depart leaving a sound and well-functioning organization. His planning has been effective and his cross-training and development of the personnel under his supervision have been fully productive.</p>   |                                      |                                     |  |
| <p>During this period, his unit has experienced heavy increases in workload and assumed new or additional functions with no reduction in the service provided to Station components.</p>   |                                      |                                     |  |
| <p>Subject has been responsible for many work saving innovations, procedural changes and a thorough updating and revamping of the highly important registry reference records.</p>   |                                      |                                     |  |
| <p>The personnel under his supervision display enthusiasm and dedication in their work. Their pleasant manner is a reflection of Subject's management ability.</p>   |                                      |                                     |  |
| <p>Subject performs his managerial and supervisory duties in a highly professional manner. He knows systems, writes lucid and concise procedures and reacts positively to situations. He is a "Doer".</p>  |                                      |                                     |  |
| <b>SECTION D</b>   |                                      | <b>CERTIFICATION AND COMMENTS</b>   |  |
| <b>1. BY EMPLOYEE</b>  |                                      |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |                                      |                                     |  |
| DATE   | SIGNATURE OF EMPLOYEE                |                                     |  |
| 21 Sept 1968   | /s/ James S. Woods                   |                                     |  |
| <b>2. BY SUPERVISOR</b>  |                                      |                                     |  |
| DATE   | OFFICIAL TITLE OF SUPERVISOR         | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 21 Sept 1968   | Records Admin Officer                | /s/ [ ]                             |  |
| <b>3. BY REVIEWING OFFICIAL</b>  |                                      |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL   |                                      |                                     |  |
| <p>I concur in the ratings and comments of the Rating Officer.</p> <p>Subject has been most amenable and responsive to positive direction.</p>   |                                      |                                     |  |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 21 Sept 1968   | Ctr Officer                          | /s/ [ ]                             |  |

**SECRET**



**S E C R E T**

**-2-**

**NARRATIVE COMMENTS, Section C. (Continued)**

**I have enjoyed serving with Subject, wish him success at his next post and look forward to serving with him again.**

**Subject is cost conscious.**

**S E C R E T**

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER |                    |
|---|--|--|---|------------------------|--------------------|
|   |  |  |   | 010032                 |                    |
| <b>SECTION A GENERAL</b>  |  |  |   |                        |                    |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE 5. SD     |
| Woods, James S.   |  |  | 20 Feb 28   | M                      | GS-9 D             |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF. DIV/BR OF ASSIGNMENT  |                        | 8. CURRENT STATION |
| Records Admin Officer   |  |  | DDP/FE/VNO  |                        | Vietnam            |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                    |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                    |
| SPECIAL (Specify):  |  |  | X SPECIAL (Specify): Promotion  |                        |                    |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)  |                        |                    |
|   |  |  | 1 Oct 67 - 31 March 68  |                        |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |                        |                    |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                    |
| <b>SPECIFIC DUTIES</b>  |  |  |   |                        |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).  |  |  |   |                        | RATING LETTER      |
| SPECIFIC DUTY NO. 1<br><br>Chief Station Registry   |  |  |   |                        | S                  |
| SPECIFIC DUTY NO. 2<br><br>Management and training of Personnel under his supervision   |  |  |   |                        | P                  |
| SPECIFIC DUTY NO. 3<br><br>Scheduling of routine and exceptional work assigned to his unit  |  |  |   |                        | O                  |
| SPECIFIC DUTY NO. 4<br><br>Preparation of routine and other reports on the activities of his Section  |  |  |   |                        | S                  |
| SPECIFIC DUTY NO. 5<br><br>Overall Security of Registry operations  |  |  |   |                        | P                  |
| SPECIFIC DUTY NO. 6   |  |  |   |                        | RATING LETTER      |
| <div style="display: flex; justify-content: space-between;"> <span>20 MAY 1968</span> <span><b>OVERALL PERFORMANCE IN CURRENT POSITION</b></span> </div> <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>  |  |  |   |                        | RATING LETTER      |
|   |  |  |   |                        | S                  |

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has done an excellent job in organizing the layout and arranging the work flow in the new Station Registry. As a result, his unit has been operating on a fully effective and productive basis, even during the recent emergency when certain workloads increased several hundred per cent. In operation and physical appearance the Station Registry may be considered a model registry.

He is very cooperative and works well with other offices in solving mutual problems or setting up new requirements.

Subject is industrious and dedicated and willingly works long hours to meet the daily demands of his position. He performed in an exemplary manner while working for an extended period under stress during the recent emergency.

Subject is a pleasant, dependable individual who is anxious to do the best job possible in a demanding and vital position at the Station.

He is properly cost conscious in the use of personnel, space and equipment.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  
 Subject has not reviewed this report inasmuch as it recommends him for promotion.

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 March 1968

Records Admin Officer

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

5 March 1968

Ops Officer

/s/

SECRET

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER |               |
|---|--|--|---|------------------------|---------------|
|   |  |  |   | 010032 ✓               |               |
| <b>SECTION A GENERAL</b>  |  |  |   |                        |               |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE      |
| Woods, James S.   |  |  | 20 Feb. '28   | M                      | GS-9          |
| 5. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT   | 8. CURRENT STATION     |               |
| Records Admin Of  |  |  | DDP/FE/VNO  | Vietnam                |               |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |               |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |               |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)  |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |               |
| <input type="checkbox"/> SPECIAL (Specify):   |  |  | <input type="checkbox"/> SPECIAL (Specify):   |                        |               |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From- to-)  |                        |               |
|   |  |  | 10 May 1967 - 30 Sep. 1967  |                        |               |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |                        |               |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |               |
| <b>SPECIFIC DUTIES</b>  |  |  |   |                        |               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |                        |               |
| SPECIFIC DUTY NO. 1   |  |  |   |                        | RATING LETTER |
| Chief, Station Registry Section   |  |  |   |                        | P             |
| SPECIFIC DUTY NO. 2   |  |  |   |                        | RATING LETTER |
| Management and training of personnel under his supervision  |  |  |   |                        | A             |
| SPECIFIC DUTY NO. 3   |  |  |   |                        | RATING LETTER |
| Scheduling of routine and exceptional work assigned to his unit.  |  |  |   |                        | S             |
| SPECIFIC DUTY NO. 4   |  |  |   |                        | RATING LETTER |
| Preparation of routine and other reports on the activities of his Section.  |  |  |   |                        | P             |
| SPECIFIC DUTY NO. 5   |  |  |   |                        | RATING LETTER |
| Overall security of Registry operations.  |  |  |   |                        | A             |
| SPECIFIC DUTY NO. 6   |  |  |   |                        | RATING LETTER |
| 29 NOV 1967   |  |  |   |                        |               |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |                        | RATING LETTER |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |                        | P             |

SECRET  
(When Filled In)

| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Monetary performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</u></p> <p>Subject is responsible for the supervision and operation of one of the more diversified and complex field registry operations in the Organization. He is thoroughly knowledgeable and experienced in registry practices. Subject is a dedicated and hard working officer who will apply himself diligently to individual registry activities. Such diligent application occasionally causes him to overlook his overall supervisory role, the supervision and management of eleven personnel and the responsibility for providing a wide variety of services, locally and in-country. In the press of his activities, he does not always employ a high degree of tact in dealing with his subordinates. In this context it should be noted that he is performing proficiently in a position well above his present grade level.</p> <p>During the past several months, the Section has undergone several changes and assumed additional functions under his guidance.</p> <p>Subject is cost conscious in the use of supplies and equipment in his Section.</p> <p>Subject is attending evening courses leading toward his degree to further himself professionally.</p> |   |                                     |  |
| SECTION D   |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 14 Aug 1967   | /s/ James S. Woods  |                                     |  |
| 2. BY SUPERVISOR  |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 14 Oct 1967   | Records Admin Officer   | /s/ [ ]                             |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| COMMENTS OF REVIEWING OFFICIAL  |   |                                     |  |
| I concur in the ratings and comments of the supervisor. In fairness to the employee, it should be noted that the supervisor is a conscientious and conservative rater.  |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 14 Oct 1967   | Ops Officer   | /s/ [ ]                             |  |

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**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                               |
|---|--|--|--|------------------------|-------------------------------|
|   |  |  |  | 010032 ✓               |                               |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                               |
| 1. NAME (Last) (First) (Middle)<br>Woods, James S.  |  |  | 2. DATE OF BIRTH<br>20 Feb. 28   | 3. SEX<br>M            | 4. GRADE<br>GS 9              |
|   |  |  |  |                        | 5. SD<br>D                    |
| 6. OFFICIAL POSITION TITLE<br>Records Admin Officer   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br>DIR/PE/THO  |                        | 8. CURRENT STATION<br>VIETNAM |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |                               |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR |                        |                               |
| CAREER-PROVISIONAL (See Instructions - Section C)   |  |  | <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE               |                        |                               |
| SPECIAL (Specify):  |  |  | SPECIAL (Specify):   |                        |                               |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)<br>14 Jan 67 - 9 May 67                                     |                        |                               |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                               |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                               |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                               |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                               |
| SPECIFIC DUTY NO. 1<br><br>Chief, Registry with supervisory responsibility for 8 employees.   |  |  |  |                        | RATING LETTER<br><br>8        |
| SPECIFIC DUTY NO. 2   |  |  |  |                        | RATING LETTER                 |
| SPECIFIC DUTY NO. 3   |  |  |  |                        | RATING LETTER                 |
| SPECIFIC DUTY NO. 4   |  |  |  |                        | RATING LETTER                 |
| SPECIFIC DUTY NO. 5   |  |  |  |                        | RATING LETTER                 |
| SPECIFIC DUTY NO. 6   |  |  |  |                        | RATING LETTER                 |
| <p align="center"><b>OVERALL PERFORMANCE IN CURRENT POSITION</b></p> <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>  |  |  |  |                        |                               |
|   |  |  |  |                        | RATING LETTER<br><br>S        |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Jun 12 10 44 AM '67

Although Subject has been at the Station for only a few months, he quickly established himself as a formidable leader in a very large Registry operation. He is resourceful and constantly strives to improve office procedures in order to increase efficiency and provide better service. He is an old hand in the Registry field, well indoctrinated in proper procedure and knows when and how to adjust to meet changing situations.

Subject effectively supervises 8 employees and displays cost consciousness in the management and operation of his office.

**SECTION D.**

**CERTIFICATION AND COMMENTS**

|   |   |  |
|---|---|--|
| <b>1. BY EMPLOYEE</b>   |   |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |  |
| DATE<br>8 May 1967  | SIGNATURE OF EMPLOYEE<br>/s/ James S. Woods                     |  |
| <b>2. BY SUPERVISOR</b>   |   |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>4  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |
| DATE<br>8 May 1967  | OFFICIAL TITLE OF SUPERVISOR<br>Records Officer                 | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ] |
| <b>3. BY REVIEWING OFFICIAL</b>   |   |  |
| COMMENTS OF REVIEWING OFFICIAL<br><br>Concur with rating and narrative comments. Subject is employing in this position his cumulative experience as a Registry supervisor at previous posts. Subject has contributed to the improvement of Registry procedures and in-country courier system of this large and fast moving station. |   |  |
| DATE<br>15 May 1967   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Ops Officer             | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ] |

**SECRET**

**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER |                                    |
|---|--|--|---|------------------------|------------------------------------|
|   |  |  |   | 010032 ✓               |                                    |
| <b>SECTION A GENERAL</b>  |  |  |   |                        |                                    |
| 1. NAME (Last) (First) (Middle)<br><b>WOODS JAMES</b>   |  |  | 2. DATE OF BIRTH<br><b>20 Feb 28</b>  | 3. SEX<br><b>M</b>     | 4. GRADE<br><b>GS-9</b>            |
| 5. OFFICIAL POSITION TITLE<br><b>Intel. Analyst - CH</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/FE/Pers/JKO</b>   |                        | 6. CURRENT STATION<br><b>Tokyo</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                                    |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify)  |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> SPECIAL (Specify) <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                                    |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From- to-)<br><b>30 Sept 65 - 1 Sept 1966</b>   |                        |                                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |                        |                                    |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                                    |
| <b>SPECIFIC DUTIES</b>  |  |  |   |                        |                                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |                        |                                    |
| SPECIFIC DUTY NO. 1<br>Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.   |  |  |   |                        | RATING LETTER<br><b>O</b>          |
| SPECIFIC DUTY NO. 2<br>Supervises six Registry employees  |  |  |   |                        | RATING LETTER<br><b>S</b>          |
| SPECIFIC DUTY NO. 3<br>Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.   |  |  |   |                        | RATING LETTER<br><b>S</b>          |
| SPECIFIC DUTY NO. 4<br>Supervises the analysis and distribution of incoming and outgoing cables.  |  |  |   |                        | RATING LETTER<br><b>S</b>          |
| SPECIFIC DUTY NO. 5<br>Supervises the operation of the Station Flexowriters.  |  |  |   |                        | RATING LETTER<br><b>S</b>          |
| SPECIFIC DUTY NO. 6   |  |  |   |                        | RATING LETTER                      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |                        |                                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |                        | RATING LETTER<br><b>S</b>          |



## SECRET

(When Filled In)

| SECTION C  |   | NARRATIVE COMMENTS                  |  | OFFICE OF THE |
|--|---|-------------------------------------|--|---------------|
| <p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> |   |                                     |  |               |
| <p>[ ] has continued to perform at a "Strong" level. He is a fine supervisor and thereby gets maximum performance from staff which is too small to handle a work load which has constantly increased over the past year. He is cost conscious in funds material and also strives to stream-line and improve the functioning of the Registry and its related functions.</p>   |   |                                     |  |               |
| <p>[ ] has twice been recommended for promotion. He definitely deserves it and should be assigned next to a position above his present rating.</p>   |   |                                     |  |               |
| SECTION D CERTIFICATION AND COMMENTS   |   |                                     |  |               |
| 1. BY EMPLOYEE   |   |                                     |  |               |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |  |               |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |  |               |
| 15 August 1966   | James Woods /S/   |                                     |  |               |
| 2. BY SUPERVISOR   |   |                                     |  |               |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |               |
| 14   |   |                                     |  |               |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |               |
| 16 August 1966   | OPS. Officer  | [ ] /S/                             |  |               |
| 3. BY REVIEWING OFFICIAL   |   |                                     |  |               |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |  |               |
| Concur in above rating.  |   |                                     |  |               |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |               |
| 17 August 1966   | Chief of Station  | William E. Nelson /S/               |  |               |

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SECRET

(When Filled In)

| FITNESS REPORT   |  |  |                             | EMPLOYEE SERIAL NUMBER  |                    |          |                    |
|--|--|--|-----------------------------|---|--------------------|----------|--------------------|
|  |  |  |                             | 010032  |                    |          |                    |
| <b>SECTION A GENERAL</b>   |  |  |                             |   |                    |          |                    |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH            |   | 3. SEX             | 4. GRADE | 5. SD              |
| Woods, James S.  |  |  | 20 Feb 28                   |   | M                  | GS-09    | D                  |
| 6. OFFICIAL POSITION/TITLE   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT |   | 8. CURRENT STATION |          |                    |
| Intel Analyst Ch   |  |  | DDP/FE/JKO                  |   | Tokyo              |          |                    |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  |                             | 10. CHECK (X) TYPE OF REPORT  |                    |          |                    |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify)  |  |  |                             | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify) |                    |          |                    |
| 11. DATE REPORT DUE IN O.P.  |  |  |                             | 12. REPORTING PERIOD (From - to)  |                    |          |                    |
| NAV 30 1965  |  |  |                             | 1 July - 30 September 1965  |                    |          |                    |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |                             |   |                    |          |                    |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is <u>adequately</u> satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |                             |   |                    |          |                    |
| <b>SPECIFIC DUTIES</b>   |  |  |                             |   |                    |          |                    |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |                             |   |                    |          |                    |
| SPECIFIC DUTY NO. 1 Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.   |  |  |                             |   |                    |          | RATING LETTER<br>O |
| SPECIFIC DUTY NO. 2 Supervises six Registry employees  |  |  |                             |   |                    |          | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 3 Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.   |  |  |                             |   |                    |          | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 4 Analyze and distribute all incoming and outgoing Station cables.   |  |  |                             |   |                    |          | RATING LETTER<br>O |
| SPECIFIC DUTY NO. 5 Supervise the operation of the Station Flexowriter.  |  |  |                             |   |                    |          | RATING LETTER<br>S |
| SPECIFIC DUTY NO. 6  |  |  |                             |   |                    |          | RATING LETTER      |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |                             |   |                    |          |                    |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |                             |   |                    |          | RATING LETTER<br>S |
| 15 DEC 1965  |  |  |                             |   |                    |          |                    |

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position based on perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Woods

Dec 15

9 21 AM '65

During the four months [redacted] has been under my supervision he has demonstrated very real supervisory ability and a talent for getting maximum performance from a small staff which handles an increasingly large volume of work. He has also shown his ability to cut the costs of his operation.

[redacted] not only runs a most efficient Registry but is also constantly seeking ways to improve and stream-line its operation. He is a man who takes such interest in his job that his ideas and plans for improvement are carefully worked out and sound.

Though I have observed his work for only four months, I believe his over-all performance is "Strong" and close to "Outstanding." He has been recommended for promotion. He deserves it.

## SECTION D

## CERTIFICATION AND COMMENTS

|   |   |   |
|---|---|---|
| 1. BY EMPLOYEE  |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |   |
| DATE<br>27 October 1965   | SIGNATURE OF EMPLOYEE<br>/s/ James S. Woods                     |   |
| 2. BY SUPERVISOR  |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>4  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION |   |
| DATE<br>27 October 1965   | OFFICIAL TITLE OF SUPERVISOR<br>Ops Officer                     | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |
| 3. BY REVIEWING OFFICIAL  |   |   |
| COMMENTS OF REVIEWING OFFICIAL  |   |   |
| I agree with his supervisor that Subject is unusually competent in his field and fully deserving of a "Strong" rating. Subject displays unflagging enthusiasm for his job and constantly tries to improve his operation. He has displayed a high degree of imagination and inventiveness in making changes in our over-all CRR set-up. He very definitely deserves promotion. |   |   |
| DATE<br>2 November 1965   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>DCOS                    | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |

SECRET

13771

FORM 45- PREVIOUS EDITIONS.

**Abstract**

~~SECRET~~  
(When Filled In)

### SECTION C

### NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for ~~the~~ <sup>the</sup> ~~person~~ <sup>personnel</sup>. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section II to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the Station Registry this employee continues to perform an exceptional proficient level with little supervision from his supervisor. His supervisor is being reassigned and is scheduled to be replaced by another officer who will necessarily need several months to become knowledgeable of Registry activities. However there is no concern that the flow of paper and the maintenance of accurate records will be affected due to the turnover of supervisors. This employee continues to use his native ingenuity and high standards of achievement to ensure that his office continues to be a well run and efficient unit. He continues to ensure that no government funds are wasted, even to the extent of arranging for the construction of certain modifications to the Registry office by Registry employees at little cost to the Government. This employee has been performing at a level above his present GS-09 grade. As recommended in November 1964, it is recommended that this employee should be promoted to the next higher grade at the earliest possible opportunity.

## SECTION D

### CERTIFICATION AND COMMENTS

11

## BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYER

1 June 65

/s/ James S. Woods

2.

## BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

45

**GATE**

OFFICIAL TITLE OF SUPERVISOR

1 TYPED OR PRINTED NAME AND SIGNATURE

1 June 65

Gen Officer

/s/ Frederick Handall

3.

## BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject takes his job seriously and performs it in strong fashion. I would say that he displays more energy, interest, and continuing attention than just about anyone else I've seen in registry-type work.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPE ON PRINTED NAME AND SIGNATURE

10 June 55

DE-75

121

**Abstract**

~~CONFIDENTIAL~~ Attachment No. 10 FJLI 2202  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER |                    |               |  |
|---|--|--|---|------------------------|--------------------|---------------|--|
| FM  |  |  |   | 010032                 |                    |               |  |
| SECTION A GENERAL   |  |  |   |                        |                    |               |  |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE           | 5. SD         |  |
| Woods, James S.   |  |  | 20 Feb 23   | M                      | GS-09              | D             |  |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV. BR OF ASSIGNMENT  |                        | 8. CURRENT STATION |               |  |
| Intel Analyst Gen   |  |  | DDP/FE/JKO  |                        | Tokyo              |               |  |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                    |               |  |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                        |                    |               |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)  |                        |                    |               |  |
| 30 Nov 64   |  |  | 1 October 1963 - 30 September 1964  |                        |                    |               |  |
| SECTION B PERFORMANCE EVALUATION  |  |  |   |                        |                    |               |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                    |               |  |
| SPECIFIC DUTIES   |  |  |   |                        |                    |               |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |                        |                    |               |  |
| SPECIFIC DUTY NO. 1   |  |  |   |                        |                    | RATING LETTER |  |
| Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 2   |  |  |   |                        |                    | RATING LETTER |  |
| Supervises six Registry employees   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 3   |  |  |   |                        |                    | RATING LETTER |  |
| Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 4   |  |  |   |                        |                    | RATING LETTER |  |
| Analyzes and distributes all incoming and outgoing Station cables   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 5   |  |  |   |                        |                    | RATING LETTER |  |
| Supervises the Station Flexewriter  |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 6   |  |  |   |                        |                    | RATING LETTER |  |
| OVERALL PERFORMANCE IN CURRENT POSITION   |  |  |   |                        |                    |               |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |                        |                    | RATING LETTER |  |
| S   |  |  |   |                        |                    | S             |  |

~~SECRET~~

(When Filled In)

|                  |                           |
|------------------|---------------------------|
| <b>SECTION C</b> | <b>NARRATIVE COMMENTS</b> |
|------------------|---------------------------|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties, as prescribed, if applicable.

This employee continues to be Chief of the Station Registry. During the past year his level of performance can be properly evaluated as exceptionally proficient. He continues to welcome hard work, is not bothered by constantly changing deadlines and is able to fill in for any absent member of his unit, and keep up his own work as well. He is quite conscious of the value of Government personnel and materiel, and does everything in his power to conserve these resources. He continues to come up with new ideas on how to perform his functions in a more efficient and effective manner. This results in benefits to the entire Station. It is regrettable that the position this employee fills does not allow for promotion since he has been performing at a level above his present grade for several years.

|                  |                                   |
|------------------|-----------------------------------|
| <b>SECTION D</b> | <b>CERTIFICATION AND COMMENTS</b> |
|------------------|-----------------------------------|

|  |   |  |
|--|---|--|
| <b>1. BY EMPLOYEE</b>  |   |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |  |
| DATE<br>1 Oct 64   | SIGNATURE OF EMPLOYEE<br>/s/ James S. Woods                     |  |
| <b>2. BY SUPERVISOR</b>  |   |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |
|  |   |  |
| DATE<br>1 Oct 64   | OFFICIAL TITLE OF SUPERVISOR<br>Ops Officer                     | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ Frederick Randall |
| <b>3. BY REVIEWING OFFICIAL</b>  |   |  |
| COMMENTS OF REVIEWING OFFICIAL<br><br>I fully concur with the rater's comments and sentiments. I have known this employee for a number of years during which time he has evidenced real growth in self-sufficiency and also in the handling of his responsibilities as a supervisor. |   |  |
| DATE<br>29 Oct 64  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>COS                     | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ William V. Broe   |

~~SECRET~~

**CONFIDENTIAL**  
**SECRET**  
(When Filled In)

ATT TO FJTT-10860

| FITNESS REPORT  |  |  |  |        |                    | EMPLOYEE SERIAL NUMBER |  |
|---|--|--|--|--------|--------------------|------------------------|--|
|   |  |  |  |        |                    | 10032                  |  |
| <b>SECTION A GENERAL</b>  |  |  |  |        |                    |                        |  |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH   | 3. SEX | 4. GRADE           | 5. SD                  |  |
| Woods, James S.   |  |  | 20 Feb 28  | N      | GS-09              | D                      |  |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF. DIVISION OF ASSIGNMENT   |        | 8. CURRENT STATION |                        |  |
| Intel Analyst Gen   |  |  | DDP/FE/JKO   |        | Tokyo              |                        |  |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |        |                    |                        |  |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br>CAREER-PROVISIONAL (See Instructions - Section C)   |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):<br>REASSIGNMENT SUPERVISOR<br>REASSIGNMENT EMPLOYEE |        |                    |                        |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)   |        |                    |                        |  |
| 30 November 1963  |  |  | 1 Oct 62-30 Sep 63   |        |                    |                        |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |        |                    |                        |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |        |                    |                        |  |
| <b>SPECIFIC DUTIES</b>  |  |  |  |        |                    |                        |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |        |                    |                        |  |
| SPECIFIC DUTY NO. 1   |  |  |  |        |                    | RATING LETTER          |  |
| Chief of Central Registry and Records with responsibility for the receipt and routing of all incoming and outgoing cables, dispatches, and memoranda of the Station, including all other organizations corresponding with the Station.  |  |  |  |        |                    | S                      |  |
| SPECIFIC DUTY NO. 2   |  |  |  |        |                    | RATING LETTER          |  |
| Supervises six Registry employees   |  |  |  |        |                    | P                      |  |
| SPECIFIC DUTY NO. 3   |  |  |  |        |                    | RATING LETTER          |  |
| Supervises Station courier service which distributes classified correspondence to the five geographically separated elements of the Station.  |  |  |  |        |                    | P                      |  |
| SPECIFIC DUTY NO. 4   |  |  |  |        |                    | RATING LETTER          |  |
| Analyzes and distributes all incoming and outgoing Station cables.  |  |  |  |        |                    | P                      |  |
| SPECIFIC DUTY NO. 5   |  |  |  |        |                    | RATING LETTER          |  |
|   |  |  |  |        |                    |                        |  |
| SPECIFIC DUTY NO. 6   |  |  |  |        |                    | RATING LETTER          |  |
|   |  |  |  |        |                    |                        |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |        |                    |                        |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |        |                    | RATING LETTER          |  |
| S   |  |  |  |        |                    | S                      |  |

**CONFIDENTIAL**  
**SECRET**



## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As Chief of the Tokyo Station Registry, this employee has performed at a level of exceptional proficiency for the past year. He welcomes hard work, is able to fill in for any absent member of his unit and keep up his own work as well. He continues to bring up ideas for the improvement of his unit. These have been particularly welcome during the past year in view of the impending move of the Registry to a new location. The slight tendency to be arbitrary mentioned in the last fitness report has been eliminated during this reporting period. In view of this employee's strong performance over the past year, he is being recommended for promotion to GS-10.

## SECTION D

## CERTIFICATION AND COMMENTS

|  |   |                                     |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE   |   |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |
| 10 Sept. 63  | /s/ James S. Woods  |                                     |
| 2. BY SUPERVISOR   |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 10 Sept. 63  | Chief, Ops Support Staff  | /s/ Frederick Randall               |
| 3. BY REVIEWING OFFICIAL   |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |
| I concur in this rating and add that this employee has not let the very serious personal problems thrust upon him during this period interfere in any way with his consistently dependable performance. In this key role, in any station of this size, dependability, reliability, and confidence are "musts" and while there are quite naturally small aggravating incidents of mis-routing or mis-direction of documents, I have been struck by the lack of them here, because rates has the "must" qualities. His performance certainly warrants favorable consideration of the projected promotion action. |   |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 11 September 63  | Deputy Chief of Station   | Robert Wheeler <i>RS</i>            |

SECRET

SECRET

(When Filled In)

| FITNESS REPORT  |  |  |                              | EMPLOYEE SERIAL NUMBER   |                    |               |  |
|---|--|--|------------------------------|--|--------------------|---------------|--|
| <b>SECTION A GENERAL</b>  |  |  |                              |  |                    |               |  |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH             | 3. SEX   | 4. GRADE           | 5. SD         |  |
| WOODS, James S.   |  |  | 20 Feb 28                    | M  | GS-9               | D             |  |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF. DIV/BR OF ASSIGNMENT |  | 8. CURRENT STATION |               |  |
| Intel Analyst   |  |  | DDP/FE                       |  | TOKYO              |               |  |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  |                              | 10. CHECK (X) TYPE OF REPORT   |                    |               |  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  |                              | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                    |               |  |
| 11. DATE REPORT DUE IN O.P.   |  |  |                              | 12. REPORTING PERIOD (From - to)   |                    |               |  |
|   |  |  |                              | 1 Oct 61 - 30 Sept 62  |                    |               |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |                              |  |                    |               |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |                              |  |                    |               |  |
| <b>SPECIFIC DUTIES</b>  |  |  |                              |  |                    |               |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |                              |  |                    |               |  |
| SPECIFIC DUTY NO. 1   |  |  |                              |  |                    | RATING LETTER |  |
| Chief of Central Registry and Records with responsibility for the receipt, analysis and routing of all incoming and outgoing cables, dispatches and memoranda of the Station, including all other organizations corresponding with the Station.   |  |  |                              |  |                    | P             |  |
| SPECIFIC DUTY NO. 2   |  |  |                              |  |                    | RATING LETTER |  |
| Supervises four Registry employees.   |  |  |                              |  |                    | P             |  |
| SPECIFIC DUTY NO. 3   |  |  |                              |  |                    | RATING LETTER |  |
| Supervises a courier service which distributes correspondence to the five geographically separated elements of the Station.   |  |  |                              |  |                    | P             |  |
| SPECIFIC DUTY NO. 4   |  |  |                              |  |                    | RATING LETTER |  |
| SPECIFIC DUTY NO. 5   |  |  |                              |  |                    | RATING LETTER |  |
| SPECIFIC DUTY NO. 6   |  |  |                              |  |                    | RATING LETTER |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |                              |  |                    |               |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |                              |  |                    | RATING LETTER |  |
|   |  |  |                              |  |                    | P             |  |

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

As the Chief of the Tokyo Registry this employee has performed well. He has abundant energy and constantly comes up with ideas for the improvement of the efficiency of his unit. He welcomes hard work and is able to fill in and take over any job in his unit and keep up with his own duties as well. As a supervisor, he has a slight tendency to be arbitrary when convinced he is right. This may be due to the fact that the Registry frequently operates under conditions of pressure due to the recent reorganization, reduction, and relocation of the Station. The Station has been required to get the job done with fewer people and under more difficult working conditions.

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

**BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

25 Oct. 1962

SIGNATURE OF EMPLOYEE

James S. Woods /s/

2.

**BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Frederick Randall

3.

**BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject has done and continues to do well what is expected of him. In amplification of the last sentence of the rater's comments (Section C) Subject has made the adjustment to "fewer people" and "more difficult working conditions" quite well, without trouble and more importantly with no impediment to the CRR service.

DATE

26 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Robert P. Wheeler

**SECRET**

**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |                        |  | EMPLOYEE'S SERIAL NUMBER<br>CSPD... |  |           |
|--|--|------------------------|--|-------------------------------------|--|-----------|
| <b>SECTION A GENERAL</b>   |  |                        |  |                                     |  |           |
| 1. NAME (Last) (First) (Middle)<br><b>Woods, James</b>   |  |                        | 2. DATE OF BIRTH<br><b>20 Feb 28</b>   |                                     | 3. SEX<br><b>M</b>   |           |
| 4. GRADE<br><b>GS-9</b>  |  |                        | 5. OFF/DIV/BR OF ASSIGNMENT<br><b>TOKYO STATION</b>  |                                     |  |           |
| 6. SERVICE DESIGNATION<br><b>D</b>   |  |                        | 7. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |                                     |  |           |
| 8. CAREER STAFF STATUS   |  |                        | 9. TYPE OF REPORT  |                                     |  |           |
| <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED  |  |                        | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE |                                     |  |           |
| 10. DATE REPORT DUE IN O.F.  |  |                        | 11. REPORTING PERIOD   |                                     |  |           |
|  |  |                        | From <b>15 Apr 61</b> To <b>30 Sep 61</b><br>SPECIAL (Specify)   |                                     |  |           |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>  |  |                        |  |                                     |  |           |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |                        |  |                                     |  |           |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding   |  |                        |  |                                     |  |           |
| SPECIFIC DUTY NO. 1<br><b>Chief of local registry, supervising four persons.</b>   |  | RATING NO.<br><b>4</b> | SPECIFIC DUTY NO. 4  |                                     | RATING NO.   |           |
| SPECIFIC DUTY NO. 2  |  | RATING NO.             | SPECIFIC DUTY NO. 5  |                                     | RATING NO.   |           |
| SPECIFIC DUTY NO. 3  |  | RATING NO.             | SPECIFIC DUTY NO. 6  |                                     | RATING NO.   |           |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |                        |  |                                     |  |           |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |                        |  |                                     |  |           |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |                        |  |                                     | RATING NO.<br><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">1</div> |           |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>   |  |                        |  |                                     |  |           |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |                        |  |                                     |  |           |
| 1 - Least possible degree    2 - Limited degree    3 - Normal degree    4 - Above average degree    5 - Outstanding degree   |  |                        |  |                                     |  |           |
| CHARACTERISTICS  |  |                        |  | NOT APPLICABLE                      | NOT OBSERVED   | RATING    |
|  |  |                        |  |                                     |  | 1 2 3 4 5 |
| GETS THINGS DONE   |  |                        |  |                                     |  |           |
| RESOURCEFUL  |  |                        |  |                                     |  |           |
| ACCEPTS RESPONSIBILITIES   |  |                        |  |                                     |  |           |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |                        |  |                                     |  |           |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |                        |  |                                     |  |           |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |                        |  |                                     | X  |           |
| WRITES EFFECTIVELY   |  |                        |  |                                     | X  |           |
| SECURITY CONSCIOUS   |  |                        |  |                                     |  |           |
| THINKS CLEARLY   |  |                        |  |                                     |  |           |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |  |                        |  |                                     |  |           |
| OTHER (Specify):   |  |                        |  |                                     |  |           |

SEE SECTION "E" ON REVERSE SIDE

SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for developing and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide basis for determining future personnel actions.

Ratee has been in charge of station registry since 24 April 61. This has been a period of dramatic change in the station and especially in our paper management. He has responded well to these changes and shows a degree of adaptability that bodes well. His handling of our recent "holdings" inventory, his unceasing efforts to reduce unnecessary holdings, and his knowledge of his business (RI) have made him a valued addition to our shrinking team. In this short rating period there has been little opportunity for me to observe his supervisory abilities, but the lack of any problem on this count coming to my attention seems to me that he is doing well. Another six months should tell us more on this score.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

6 Oct 61

SIGNATURE OF EMPLOYEE

[Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 30 DAYS

REPORT MADE WITHIN LAST 30 DAYS

OTHER (Specify):

DATE

6 Oct 61

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

Wheeler, Robert P.

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

6 Oct 61

OFFICIAL TITLE OF REVIEWING OFFICIAL

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

Wheeler, Robert P.

SECRET

**SECRET**  
(When Filled In)

20 DEC 1960

|  |                     |   |  |  |   |
|--|---------------------|---|--|--|---|
| <b>218150</b> <b>FITNESS REPORT</b>  |                     |   |  | EMPLOYEE SERIAL NUMBER<br>110032                         |   |
| <b>SECTION A GENERAL</b>   |                     |   |  |  |   |
| 1. NAME<br>(Last) <b>NEEDS</b><br>(First) <b>James</b><br>(Middle) <b>S.</b>   |                     | 2. DATE OF BIRTH<br>20 February 1928                            |  | 3. SEX<br>M  | 4. GRADE<br>GS-9  |
| 5. SERVICE DESIGNATION<br><b>DI</b>  |                     | 6. OFFICIAL POSITION TITLE<br><b>Records Management Officer</b> |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/12/Secretariat</b> |   |
| 8. CAREER STAFF STATUS   |                     |   | 9. TYPE OF REPORT  |  |   |
| <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED   |                     |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE |  |   |
| 10. DATE REPORT DUE IN O.P.<br>31 October 1960   |                     | 11. REPORTING PERIOD<br>From Sep 59 - 30 Sep 60 To              |  | 12. SPECIAL (Specify)                                    |   |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>  |                     |   |  |  |   |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |                     |   |  |  |   |
| 1 - Unsatisfactory   | 2 - Barely adequate | 3 - Acceptable  | 4 - Competent  | 5 - Excellent  | 6 - Superior  |
| SPECIFIC DUTY NO. 1 <b>Liaison with RID, DDP/RMO, DDP/MTU, other Division records officers, etc., re implementation of DDP records management program</b>  |                     | RATING NO.<br><b>6</b>  | SPECIFIC DUTY NO. 4 <b>Assistance to FE personnel in problems of retention and retirement of records</b>   |  | RATING NO.<br><b>6</b>  |
| SPECIFIC DUTY NO. 2 <b>Training and assistance to FE personnel in records management procedures</b>  |                     | RATING NO.<br><b>5</b>  | SPECIFIC DUTY NO. 5 <b>Guidance to field records officers</b>  |  | RATING NO.<br><b>5</b>  |
| SPECIFIC DUTY NO. 3 <b>Planning and development of Division vital materials program</b>  |                     | RATING NO.<br><b>5</b>  | SPECIFIC DUTY NO. 6 <b>Implementation of various records purges and records programs</b>   |  | RATING NO.<br><b>5</b>  |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |                     |   |  |  |   |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |                     |   |  |  |   |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |                     |   |  |  | RATING NO.<br><div style="border: 1px solid black; padding: 5px; text-align: center; width: 30px; margin: 0 auto;"><b>5</b></div> |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>   |                     |   |  |  |   |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |                     |   |  |  |   |
| 1 - Least possible degree  | 2 - Limited degree  | 3 - Normal degree   | 4 - Above average degree   | 5 - Outstanding degree                                   |   |
| CHARACTERISTICS  |                     |   | NOT APPLICABLE   | NOT DERIVED  | RATING  |
|  |                     |   |  |  | 1 2 3 4 5   |
| GETS THINGS DONE   |                     |   |  |  |   |
| RESOURCEFUL  |                     |   |  |  |   |
| ACCEPTS RESPONSIBILITIES   |                     |   |  |  |   |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |                     |   |  |  |   |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |                     |   |  |  |   |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |                     |   |  |  |   |
| WRITES EFFECTIVELY   |                     |   |  |  |   |
| SECURITY CONSCIOUS   |                     |   |  |  |   |
| THINKS CLEARLY   |                     |   |  |  |   |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |                     |   |  |  |   |
| OTHER (Specify):   |                     |   |  |  |   |

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and his ability to accept greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Subject is an excellent records officer. His interest in the subject and his perseverance in carrying out tasks connected with it have not only produced results in his own work, but have kindled enthusiasm and interest within the Division in developments in Agency records management. He has been able to improve records within the Division with a great deal of success, and at the same time avoided the usual aversion to records responsibility which too much emphasis on records creates in the case officer. His ability to get along well with others is important in his liaison function.

Mr. Woods' work on the vital materials program in the last year has resulted in a much more realistic program for the Division. The creation and ~~establishment~~ up-to-date retention of vital materials has for some time been a problem for which little solution could be found. It appears that the present program will result in vital materials which will be current and usable if needed.

Subject is at present assigned to a part-time detail in MMU. This should help to broaden his knowledge of new approaches in the records field. A/EXO/DDP has expressed his complete satisfaction with the very effective work Mr. Woods is doing on this detail.

Mr. Woods' work during the last year was the basis for a commendation of the Division's records program by COP.

## SECTION F CERTIFICATION AND COMMENTS

## 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 16 DEC 1960

SIGNATURE OF EMPLOYEE

*James J. Woods*

## 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

20

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

16 December 1960

OFFICIAL TITLE OF SUPERVISOR

C/FE/ESEC

TYPED OR PRINTED NAME AND SIGNATURE

## 3. BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

FE/EXO

TYPED OR PRINTED NAME AND SIGNATURE

*Orrin R. Magill, Jr.*  
Orrin R. Magill, Jr.

SECRET

**SECRET**  
(When Filled In)

RECORDED  
6020

1 JUL 1959

|  |  |   |   |   |  |  |  |
|--|--|---|---|---|--|--|--|
| <b>FITNESS REPORT</b>  |  |   |   | EMPLOYEE SERIAL NUMBER<br><div style="border: 1px solid black; padding: 2px;">110032</div>  |  |  |  |
| <b>SECTION A GENERAL</b>   |  |   |   |   |  |  |  |
| 1. NAME (Last) (First) (Middle)<br><div style="display: flex; justify-content: space-between;"><span>Wade</span><span>Gamble</span><span>J.</span></div>   |  |   | 2. DATE OF BIRTH<br><div style="border-bottom: 1px solid black;">20 February 1928</div> |   | 3. SEX<br><div style="border-bottom: 1px solid black;">M</div>                                       |  | 4. GRADE<br><div style="border-bottom: 1px solid black;">GS-9</div>  |
| 5. SERVICE DESIGNATION<br><div style="border-bottom: 1px solid black;">DI</div>  |  | 6. OFFICIAL POSITION TITLE<br><div style="border-bottom: 1px solid black;">Records Mgmt Officer</div> |   |   | 7. OFF/DIV/BR OF ASSIGNMENT<br><div style="border-bottom: 1px solid black;">ADP/IS/Secretariat</div> |  |  |
| 8. CAREER STAFF STATUS   |  |   |   | 9. TYPE OF REPORT   |  |  |  |
| <input type="checkbox"/> NOT ELIGIBLE  |  | <input checked="" type="checkbox"/> MEMBER  |   | <input type="checkbox"/> DEFERRED   |  | <input type="checkbox"/> INITIAL   |  |
| <input type="checkbox"/> PENDING   |  | <input type="checkbox"/> DECLINED   |   | <input type="checkbox"/> DENIED   |  | <input checked="" type="checkbox"/> ANNUAL   |  |
| 10. DATE REPORT DUE IN O.P.<br><div style="border-bottom: 1px solid black;">31 October 1959</div>  |  |   |   | 11. REPORTING PERIOD<br>From <div style="border-bottom: 1px solid black;">58-50 Sep 59</div> To <div style="border-bottom: 1px solid black;">59</div> |  | 12. SPECIAL (Specify)  |  |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>  |  |   |   |   |  |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).   |  |   |   |   |  |  |  |
| 1 - Unsatisfactory   |  | 2 - Barely adequate   |   | 3 - Acceptable  |  | 4 - Competent  |  |
| 5 - Excellent  |  | 6 - Superior  |   | 7 - Outstanding   |  |  |  |
| SPECIFIC DUTY NO. 1<br>Liaison with RID, DDP/RMO, DDP/MMU, other Division records officers, etc, re implementation of records mgt program  |  |   |   | RATING NO.<br><div style="border: 1px solid black; text-align: center;">6</div>   |  | SPECIFIC DUTY NO. 4<br>Assistance to FE personnel in problems of retention and retirement of records |  |
| SPECIFIC DUTY NO. 2<br>Training and assistance for FE personnel in records mgt procedures  |  |   |   | RATING NO.<br><div style="border: 1px solid black; text-align: center;">4</div>   |  | SPECIFIC DUTY NO. 5<br>Guidance to field records officers  |  |
| SPECIFIC DUTY NO. 3<br>Planning and development of Division vital materials program  |  |   |   | RATING NO.<br><div style="border: 1px solid black; text-align: center;">4</div>   |  | SPECIFIC DUTY NO. 6<br>Guidance in all records problems  |  |
| RATING NO.<br><div style="border: 1px solid black; text-align: center;">5</div>  |  |   |   |   |  |  |  |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |   |   |  |  |  |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |   |  |  |  |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |   |   |   |  |  | RATING NO.<br><div style="border: 1px solid black; text-align: center; width: 30px; height: 30px; margin: 0 auto;">5</div> |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>   |  |   |   |   |  |  |  |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |   |   |   |  |  |  |
| 1 - Least possible degree  |  | 2 - Limited degree  |   | 3 - Normal degree   |  | 4 - Above average degree   |  |
| 5 - Outstanding degree   |  |   |   |   |  |  |  |
| CHARACTERISTICS  |  |   |   | NOT APPLICABLE  | NOT OBSERVED   | RATING   |  |
|  |  |   |   |   |  | 1  | 2  |
| GETS THINGS DONE   |  |   |   |   |  |  |  |
| RESOURCEFUL  |  |   |   |   |  |  |  |
| ACCEPTS RESPONSIBILITIES   |  |   |   |   |  |  |  |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |   |   |   |  |  |  |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |   |   |   |  |  |  |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |   |   |   |  |  |  |
| WRITES EFFECTIVELY   |  |   |   |   |  |  |  |
| SECURITY CONSCIOUS   |  |   |   |   |  |  |  |
| THINKS CLEARLY   |  |   |   |   |  |  |  |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |  |   |   |   |  |  |  |
| OTHER (Specify):   |  |   |   |   |  |  |  |
| SEE SECTION "E" ON REVERSE SIDE  |  |   |   |   |  |  |  |



SECRET  
(When Filled In)

OFFICE OF PERSONNEL

SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is an excellent records officer. He is enthusiastic about his specialty and works hard at it, putting a great deal of energy into his work.

He is quick and understands records thoroughly. Because of this, he is at times inclined to jump ahead of others in records discussions and should attempt to slow down his approach to the subject to meet the level of persons who do not have the same records background.

Subject could fill any position in the records management field, and should advance quickly. He is interested in developing his capabilities and is at present enrolled in the Writing Workshop with this in mind.

This report has been prepared in accordance with FE Division standards which recognize the value of placing the individual against the group. Thus an "average" rating reflects an entirely satisfactory performance.

SECTION F

CERTIFICATION AND COMMENTS

|   |   |   |
|---|---|---|
| 1. BY EMPLOYEE  |   |   |
| I certify that I have seen Sections A, B, C, D and E of this Report.  |   |   |
| DATE<br>29 Oct 59   | SIGNATURE OF EMPLOYEE<br>James S. Hoods                         |   |
| 2. BY SUPERVISOR  |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>7  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.  |   |   |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS   | REPORT MADE WITHIN LAST 90 DAYS                                 |   |
| OTHER (Specify):  |   |   |
| DATE<br>27 October 1959   | OFFICIAL TITLE OF SUPERVISOR<br>C/FE/ESEC                       | TYPED OR PRINTED NAME AND SIGNATURE                         |
| 3. BY REVIEWING OFFICIAL  |   |   |
| <input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.   |   |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.  |   |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.   |   |   |
| <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.  |   |   |
| COMMENTS OF REVIEWING OFFICIAL: Subject is a promising young records officer. He has demonstrated a capability for growth and for assuming greater responsibility. He is very much interested in records management and wants to make a career of it. His career development should be designed to afford him opportunities for maximum development both in terms of varied Headquarters experience and in field assignments. |   |   |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>FE/EXO                  | TYPED OR PRINTED NAME AND SIGNATURE<br>Orlin E. Magill, Jr. |

SECRET

SECRET

(When Filled In)

FF-25

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

| SECTION A. GENERAL                      |  |        |                        |
|---|--|--------|------------------------|
| 1. NAME (Last)                          | 2. DATE OF BIRTH                                   | 3. SEX | 4. SERVICE DESIGNATION |
| Woods                                   | 20 Feb 1938  | M      | DT                     |
| 5. OFFICE DIVISION BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE                         |        |                        |
| DDP/ FE/PSR/Manila                      | Asst. Chief of Station                             |        |                        |
| 7. GRADE                                | 8. PERIOD COVERED BY THIS REPORT (Inclusive dates) |        |                        |
| GS-7                                    | 21 August 1958 - 4 Sept 1958                       |        |                        |
| 9. TYPE OF REPORT (Check one)           | 10. SPECIAL (Specify)                              |        |                        |
| INITIAL                                 | REASSIGNMENT SUPERVISOR                            |        |                        |
| ANNUAL                                  | REASSIGNMENT EMPLOYEE                              |        |                        |
|   | X For TDY Period--MELR                             |        |                        |

| SECTION B. CERTIFICATION      |  |
|-------------------------------|--|
| 1. FOR THE RATER: THIS REPORT | HAS <input checked="" type="checkbox"/> WAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT. |
| Subject left station          |  |

| A. CHECK (X) APPROPRIATE STATEMENTS:   |  |
|--|--|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER WAS SENT TO HIM AS A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.  | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| <input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.  |  |
| B. THIS DATE   | C. SUPERVISOR'S OFFICIAL TITLE   |
| 18 Sept 1958   | 1st of Station, Molb   |
| 2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT. |  |

|             |  |             |
|-------------|--|-------------|
| BY          |  | DATE        |
| [Signature] |  | 13 NOV 1958 |
| [Signature] |  |             |

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

|              |  |   |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|              |  |   |

| SECTION C. JOB PERFORMANCE EVALUATION  |   |
|--|---|
| 1. RATING ON GENERAL PERFORMANCE OF DUTIES   |   |
| DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D. |   |
| 5  | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|  | 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|  | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|  | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|  | 5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|  | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS: This rating covers the period 21 August - 4 September 1958, while subject was in Melbourne surveying Station files and installing new RI standardized filing system.

## SECRET

| RATINGS IN PERFORMANCE OF SPECIFIC DUTIES  |  | OFFICE OF PERSONNEL  |                           |  |  |  |
|--|--|--|---------------------------|--|--|--|
| <p><b>DIRECTIONS:</b></p> <p>a. State in the space below up to six of the more important SPECIFIC duties performed during this period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as a supervisor only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same or at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;">           ORAL BRIEFING<br/>           GIVING LECTURES<br/>           CONDUCTING SEMINARS<br/>           WRITING TECHNICAL REPORTS<br/>           CONDUCTING EXTERNAL LIAISON<br/>           TYPING<br/>           TAKING DICTATION<br/>           SUPERVISING         </td> <td style="vertical-align: top;">           HAS AND USES AREA KNOWLEDGE<br/>           DEVELOPS NEW PROGRAMS<br/>           ANALYZES INDUSTRIAL REPORTS<br/>           MANAGES FILES<br/>           OPERATES RADIO<br/>           COORDINATES WITH OTHER OFFICES<br/>           WRITES REGULATIONS<br/>           PREPARES CORRESPONDENCE         </td> <td style="vertical-align: top;">           CONDUCTS INTERVIEWS<br/>           PREPARES SUMMARIES<br/>           TRANSLATES GERMAN<br/>           DEBRIEFING SOURCES<br/>           KEYS BOOKS<br/>           DRIVES TRUCK<br/>           MAINTAINS AIR CONDITIONING<br/>           EVALUATES SIGNIFICANCE OF DATA         </td> </tr> </table> <p>g. For some jobs, duties may be broken down even further at supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> |  |  |                           | ORAL BRIEFING<br>GIVING LECTURES<br>CONDUCTING SEMINARS<br>WRITING TECHNICAL REPORTS<br>CONDUCTING EXTERNAL LIAISON<br>TYPING<br>TAKING DICTATION<br>SUPERVISING | HAS AND USES AREA KNOWLEDGE<br>DEVELOPS NEW PROGRAMS<br>ANALYZES INDUSTRIAL REPORTS<br>MANAGES FILES<br>OPERATES RADIO<br>COORDINATES WITH OTHER OFFICES<br>WRITES REGULATIONS<br>PREPARES CORRESPONDENCE  | CONDUCTS INTERVIEWS<br>PREPARES SUMMARIES<br>TRANSLATES GERMAN<br>DEBRIEFING SOURCES<br>KEYS BOOKS<br>DRIVES TRUCK<br>MAINTAINS AIR CONDITIONING<br>EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING<br>GIVING LECTURES<br>CONDUCTING SEMINARS<br>WRITING TECHNICAL REPORTS<br>CONDUCTING EXTERNAL LIAISON<br>TYPING<br>TAKING DICTATION<br>SUPERVISING   | HAS AND USES AREA KNOWLEDGE<br>DEVELOPS NEW PROGRAMS<br>ANALYZES INDUSTRIAL REPORTS<br>MANAGES FILES<br>OPERATES RADIO<br>COORDINATES WITH OTHER OFFICES<br>WRITES REGULATIONS<br>PREPARES CORRESPONDENCE  | CONDUCTS INTERVIEWS<br>PREPARES SUMMARIES<br>TRANSLATES GERMAN<br>DEBRIEFING SOURCES<br>KEYS BOOKS<br>DRIVES TRUCK<br>MAINTAINS AIR CONDITIONING<br>EVALUATES SIGNIFICANCE OF DATA |                           |  |  |  |
| <b>DESCRIPTIVE<br/>RATING<br/>NUMBER</b>   | 1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY<br>2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY<br>3. PERFORMS THIS DUTY ACCEPTABLY<br>4. PERFORMS THIS DUTY IN A COMPETENT MANNER<br>5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB  | 6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS DOING SIMILAR JOBS<br>7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY                         |                           |  |  |  |
| <b>SPECIFIC DUTY NO. 1</b><br><br>Installing new RI Filing System  | <b>RATING NUMBER</b><br>5  | <b>SPECIFIC DUTY NO. 4</b><br><br>Develops new Programs  | <b>RATING NUMBER</b><br>5 |  |  |  |
| <b>SPECIFIC DUTY NO. 2</b><br><br>Surveying Station Files  | <b>RATING NUMBER</b><br>5  | <b>SPECIFIC DUTY NO. 5</b><br><br>Manages Files  | <b>RATING NUMBER</b><br>5 |  |  |  |
| <b>SPECIFIC DUTY NO. 3</b><br><br>Oral Briefing  | <b>RATING NUMBER</b><br>5  | <b>SPECIFIC DUTY NO. 6</b><br><br>Mail Room  | <b>RATING NUMBER</b><br>5 |  |  |  |
| <p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job</p> <p><b>STRENGTHS:</b> Ability to see another's viewpoint and to work out satisfactory compromises between the RI system and operational requirements of the Melbourne Station.</p> <p><b>WEAKNESSES:</b> None observed.</p>   |  |  |                           |  |  |  |
| <p><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the past, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; text-align: center;"> <div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div> </td> <td style="width: 95%;">           1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED<br/>           2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW<br/>           3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO AFFECT HIS SEPARATION<br/>           4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION<br/>           5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS<br/>           6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION<br/>           7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION         </td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>  |  |  |                           | <div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div>  | 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED<br>2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW<br>3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO AFFECT HIS SEPARATION<br>4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION<br>5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS<br>6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION<br>7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |  |
| <div style="border: 1px solid black; padding: 2px; width: 15px; height: 15px; line-height: 15px;">5</div>  | 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED<br>2. OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW<br>3. A BARELY ACCEPTABLE EMPLOYEE - BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO AFFECT HIS SEPARATION<br>4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION<br>5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS<br>6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION<br>7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |  |                           |  |  |  |

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(When Filled In)

25

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## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

|   |                          |  |                        |
|---|--------------------------|--|------------------------|
| 1. NAME (Last) (First) (Middle)         | 2. DATE OF BIRTH         | 3. SEX   | 4. SERVICE DESIGNATION |
| SMITH WOODS James S.                    | 20 Feb. 1928             | M  | DI                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          | 6. OFFICIAL POSITION/TITLE                         |                        |
| Hawaii                                  |                          | Records Management Analyst                         |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                        |
| GS-7                                    |                          | 8 December 1957 - September 1958                   |                        |
| 10. TYPE OF REPORT (Check one)          | INITIAL                  | REASSIGNMENT-SUPERVISOR                            | SPECIAL (Specify)      |
|   | ANNUAL                   | REASSIGNMENT-EMPLOYEE                              | Promotion              |

## SECTION B.

## CERTIFICATION

1. FOR THE RATER, THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

Absent from Station. Will be shown upon return.

## A. CHECK (X) APPROPRIATE STATEMENTS:

|                                     |  |                                     |  |
|-------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/>            | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | <input type="checkbox"/>            | IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS SEE ATTACHED REPORTS | <input type="checkbox"/>            | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL ANYMORE NOR EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):         |
| <input type="checkbox"/>            | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | <input checked="" type="checkbox"/> | Will upon return to Station.   |

|              |  |                                |
|--------------|--|--------------------------------|
| 8. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
| 4 Sept 1958  |  | C/Adm                          |

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

|                             |          |
|-----------------------------|----------|
| BY                          | DATE     |
| H.B.                        | 10/10/58 |
| CONTINUED ON ATTACHED SHEET |          |

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

|              |  |   |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 4 Sept 1958  | George E. Aurell   | COG                                     |

## SECTION C.

## JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

|   |   |
|---|---|
| 5 | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|   | 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|   | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|   | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|   | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |

COMMENTS

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(When Filled In)

| 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES   |   |   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|--|---|---|--|---------------|-----------------------------|-------------------------|-----------------|-----------------------|--------------------|---------------------|-----------------------------|-------------------|---------------------------|---------------|--------------------|-----------------------------|----------------|-------------|--------|--------------------------------|--------------|------------------|--------------------|----------------------------|-------------|-------------------------|--------------------------------|
| <p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed by this rating person. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width: 100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> |   |   |  | ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS | GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES | CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN | WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING  | HAS AND USES AREA KNOWLEDGE   | CONDUCTS INTERROGATIONS   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| GIVING LECTURES  | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES  |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING SEMINARS  | ANALYZES INDUSTRIAL REPORTS   | TRANSLATES GERMAN   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| WRITING TECHNICAL REPORTS  | MANAGES FILES   | DEBRIEFING SOURCES  |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING EXTERNAL LIAISON  | OPERATES RADIO  | KEEPS BOOKS   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TYPING   | COORDINATES WITH OTHER OFFICES  | DRIVES TRUCK  |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TAKING DICTATION   | WRITES REGULATIONS  | MAINTAINS AIR CONDITIONING  |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SUPERVISING  | PREPARES CORRESPONDENCE   | EVALUATES SIGNIFICANCE OF DATA  |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p style="text-align: right;">OFFICE OF PERSONNEL<br/>OCT 14 9 27 AM '58<br/>MAIL ROOM</p>   |   |   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p>DESCRIPTIVE<br/>RATING<br/>NUMBER</p>   | <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> | <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p> |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p>SPECIFIC DUTY NO. 1</p> <p><b>Supervises 2 Records Mgm. Analysts</b></p>  | <p>RATING NUMBER</p> <p style="text-align: center;"><b>5</b></p>  | <p>SPECIFIC DUTY NO. 4</p> <p><b>Processes files in accordance with Specific Records System</b></p>   | <p>RATING NUMBER</p> <p style="text-align: center;"><b>6</b></p> |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p>SPECIFIC DUTY NO. 2</p> <p><b>Devises Records Systems to suit Station needs.</b></p>  | <p>RATING NUMBER</p> <p style="text-align: center;"><b>6</b></p>  | <p>SPECIFIC DUTY NO. 5</p>  | <p>RATING NUMBER</p>   |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p>SPECIFIC DUTY NO. 3</p> <p><b>Trains Station personnel in Records maintenance.</b></p>  | <p>RATING NUMBER</p> <p style="text-align: center;"><b>5</b></p>  | <p>SPECIFIC DUTY NO. 6</p>  | <p>RATING NUMBER</p>   |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p><b>Strengths:</b> Works hard and fast. Able to analyze problems and organize work of Records Management Team in methodical sequence.</p> <p><b>Weakness:</b> No notable weaknesses.</p>  |   |   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p style="text-align: center;"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <p>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</p> <p>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</p> <p>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO REASONABLY SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</p> <p>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</p> <p>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</p> <p>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</p> <p>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</p>   |   |   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>EXPLAIN FULLY:</p>   |   |   |  |               |                             |                         |                 |                       |                    |                     |                             |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |

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(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CE no later than 30 days after the due date indicated in item 8 of Section "B" below.

## SECTION E.

## GENERAL

|   |                          |                         |  |        |                        |
|---|--------------------------|-------------------------|--|--------|------------------------|
| 1. NAME (Last)                          | (First)                  | (Middle)                | 2. DATE OF BIRTH                                   | 3. SEX | 4. SERVICE DESIGNATION |
| WOODE                                   | James                    | E.                      | 20 Feb. 1928                                       | M      | DI                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          |                         | 6. OFFICIAL POSITION TITLE                         |        |                        |
| Hawaii                                  |                          |                         | Records Management Analyst                         |        |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OF |                         | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |        |                        |
| 08-7                                    |                          |                         | 8 December 1957 - September 1958                   |        |                        |
| 10. TYPE OF REPORT (Check one)          | INITIAL                  | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify)                                  |        |                        |
|   | ANNUAL                   | REASSIGNMENT-EMPLOYEE   | Promotion  |        |                        |

## SECTION F.

## CERTIFICATION

|  |  |   |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED          |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR         | C. SUPERVISOR'S OFFICIAL TITLE          |
| 1 Sept. 1958   |  | C/Adm                                   |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 1 Sept. 1958   | George E. Aurell   | COB                                     |

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

|   |  |
|---|--|
| 6 | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|   | 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|   | 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|   | 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
|   | 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING   |
|   | 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  |
|   | 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No. If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "Actual" column. If based on opinion of his potential, note the rating in the "Potential" column.

DESCRIPTIVE RATING NUMBER

0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION

1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION

2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION

3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

| ACTUAL | POTENTIAL | DESCRIPTIVE SITUATION  |
|--------|-----------|--|
| 3      |           | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor) |
|        | 3         | A GROUP OF SUPERVISORS WHO PERFORM THE BASIC JOB (Second line supervisors)   |
|        | 0         | A GROUP, WHO DO NOT DO THE BASIC JOB, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)  |
|        | 2         | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT   |
| 3      |           | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION  |
|        | 3         | WHEN IMMEDIATE SUPERVISORS INCLUDE MEMBERS OF THE OPPOSITE SEX   |
|        |           | Other (Specify)  |

**SECRET**

(When Filled In)

|  |   |
|--|---|
| 3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATEE EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION<br><b>6 months</b> | 4. COMMENTS CONCERNING POTENTIAL<br><br><div style="text-align: right;"> <b>OFFICE OF PERSONNEL</b><br/> <b>Oct 14 9 17 AM '58</b><br/> <b>MAIL ROOM</b> </div> |
|--|---|

| SECTION II.   | FUTURE PLANS |
|---|--------------|
| 1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL<br><br><b>None planned nor available while on current overseas tour.</b>   |              |
| 2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS<br><br><b>Subject single and willing serve geographic locations. Believe subject performs best in demanding assignments.</b> |              |

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

| X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL<br>1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE<br>2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE<br>3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE<br>4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE<br>5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE |   |          |  |          |   |
|--|---|----------|--|----------|---|
| CATEGORY   | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT   |
| 3  | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 5        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 4        | 21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES              |
| 3  | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4        | 12. SHOWS ORIGINALITY                                  | 4        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS         |
| 5  | 3. HAS INITIATIVE                                 | 5        | 13. ACCEPTS RESPONSIBILITIES                           | 5        | 23. IS THOUGHTFUL OF OTHERS                                 |
| 4  | 4. IS ANALYTIC IN HIS THINKING                    | 3        | 14. ADMITS HIS ERRORS                                  | 4        | 24. WORKS WELL UNDER PRESSURE                               |
| 5  | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 4        | 15. RESPONDS WELL TO SUPERVISION                       | 4        | 25. DISPLAYS JUDGEMENT                                      |
| 4  | 6. KNOWS WHEN TO SEEK ASSISTANCE                  | 5        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 3        | 26. IS SECURITY CONSCIOUS                                   |
| 5  | 7. CAN GET ALONG WITH PEOPLE                      | 5        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | 3        | 27. IS VERSATILE  |
| 4  | 8. HAS MEMORY FOR FACTS                           | 3        | 18. IS OBEYANT   | 3        | 28. HIS CRITICISM IS CONSTRUCTIVE                           |
| 4  | 9. GETS THINGS DONE                               | 3        | 19. THINKS CLEARLY                                     | 4        | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE              |
| X  | 10. CAN Cope WITH EMERGENCIES                     | 4        | 20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS | 5        | 30. DOES NOT BRAG ABOUT STRENGTH AND CONTINUOUS SUPERVISION |

**SECRET**

SECRET

(When Filled In)

FF-35 28 SEP 58

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-376. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

|  |                           |   |                                    |
|--|---------------------------|---|------------------------------------|
| 1. NAME<br>(Last) <b>WOODS</b><br>(First) <b>James</b><br>(Middle) <b>B.</b> | 2. DATE OF BIRTH          | 3. SEX  | 4. SERVICE DESIGNATION             |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT                                      |                           | 6. OFFICIAL POSITION TITLE  |                                    |
| 7. GRADE   | 8. DATE REPORT DUE IN '58 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br><b>4 April - 30 June 1958</b> |                                    |
| 10. TYPE OF REPORT<br>(Check one)  | INITIAL<br>ANNUAL         | REASSIGNMENT-SUPERVISOR<br>REASSIGNMENT-EMPLOYEE                                    | SPECIAL (Specify)<br><b>T.D.Y.</b> |

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☐ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.  
**Report prepared after subject departed this station**

A. CHECK (X) APPROPRIATE STATEMENTS:

|  |   |
|--|---|
| <input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.  | IF INDIVIDUAL IS RATED "C" OR "D", A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND <del>OTHER</del> SUPERVISORS. | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):      |
| I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.                         |   |

|                                     |   |                                |
|-------------------------------------|---|--------------------------------|
| B. THIS DATE<br><b>10 July 1958</b> | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR<br><b>Orrin R. McGill, Jr.</b> | D. SUPERVISOR'S OFFICIAL TITLE |
|-------------------------------------|---|--------------------------------|

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY **J.B.** DATE **11 OCT 1958**  
**ALL** **10/20/58**

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

|              |  |   |
|--------------|--|---|
| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|--------------|--|---|

## SECTION C.

## JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 6**
1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
  2. Barely adequate in performance. Although he has had specific guidance or training, he often fails to carry out responsibilities.
  3. Performs most of his duties acceptably, occasionally reveals some areas of weakness.
  4. Performs duties in a competent, effective manner.
  5. A very good performance. Carries out many of his responsibilities exceptionally well.
  6. Performs his duties in such an outstanding manner that he is equalled by few other persons known to the supervisor.

COMMENTS:



SECRET

(When Filled In)

OFFICE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate on supervision those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING

GIVING LECTURES

CONDUCTING SEMINARS

WRITING TECHNICAL REPORTS

CONDUCTING EXTERNAL LIAISON

TYPING

TAKING DICTATION

SUPERVISING

HAS AND USES AREA KNOWLEDGE

DEVELOPS NEW PROGRAMS

ANALYZES INDUSTRIAL REPORTS

MANAGES FILES

OPERATES RADIO

COORDINATES WITH OTHER OFFICES

WRITES REGULATIONS

PREPARES CORRESPONDENCE

CONDUCTS INTERROGATIONS

PREPARES SUMMARIES

TRANSLATES GERMAN

DEBRIEFING SOURCES

KEEPS BOOKS

DRIVES TRUCK

MAINTAINS AIR CONDITIONING

EVALUATES SIGNIFICANCE OF DATA

- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

| DESCRIPTIVE<br>RATING<br>NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 3 - PERFORMS THIS DUTY ACCEPTABLY | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
|---------------------------------|---|---|-----------------------------------|--|---|--|--|
|---------------------------------|---|---|-----------------------------------|--|---|--|--|

|   |                       |                     |                  |
|---|-----------------------|---------------------|------------------|
| SPECIFIC DUTY NO. 1<br>Analysis of records problems and establishing records procedures | RATING<br>NUMBER<br>6 | SPECIFIC DUTY NO. 2 | RATING<br>NUMBER |
| SPECIFIC DUTY NO. 2<br>Supervising  | RATING<br>NUMBER<br>6 | SPECIFIC DUTY NO. 3 | RATING<br>NUMBER |
| SPECIFIC DUTY NO. 3<br>Keeping his own records and reporting on work progress           | RATING<br>NUMBER<br>5 | SPECIFIC DUTY NO. 4 | RATING<br>NUMBER |

3. NARRATIVE DESCRIPTION OF WAYNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject analyzed difficult records problems quickly and precisely, discussed his recommendations forcefully and convincingly, and then proceeded to put them into effect with considerable energy. He not only supervised his subordinates effectively so that every minute was productive, but did a good share of the routine work himself, making certain that everything was done precisely as planned.

SECTION 4. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...COULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELS BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

29 SEP 1958

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

|   |                          |  |                            |        |                        |
|---|--------------------------|--|----------------------------|--------|------------------------|
| 1. NAME (Last) Woods                    | (First) James            | (Middle) S.  | 2. DATE OF BIRTH           | 3. SEX | 4. SERVICE DESIGNATION |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          |  | 6. OFFICIAL POSITION TITLE |        |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br>4 April - 30 June 1958 |                            |        |                        |
| 10. TYPE OF REPORT (Check one)          | INITIAL                  | REASSIGNMENT-SUPERVISOR  | SPECIAL (Specify) T.D.I.   |        |                        |
|   | ANNUAL                   | REASSIGNMENT-EMPLOYEE  |                            |        |                        |

## SECTION F.

## CERTIFICATION

|  |  |   |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED          |  |   |
| A. THIS DATE<br>10 July 1958   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR<br>James Orrin R. Magill, Jr. | C. SUPERVISOR'S OFFICIAL TITLE          |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. |  |   |
| A. THIS DATE<br>10 July 1958   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL                       | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

|                    |  |
|--------------------|--|
| 6<br>RATING NUMBER | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|                    | 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|                    | 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|                    | 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
|                    | 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING   |
|                    | 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  |
|                    | 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

|                           |   |   |
|---------------------------|---|---|
| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION              |   |
|                           | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION     |   |
|                           | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |   |
|                           | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION           |   |
| ACTUAL                    | POTENTIAL   | DESCRIPTIVE SITUATION   |
| 3                         |   | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) - WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) |
|                           | 3   | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)   |
|                           | 0   | A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)   |
|                           | 3   | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT  |
|                           | 3   | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION   |
|                           | 0   | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX   |
|                           | 0   | Other (Specify)   |

SECRET

Potential

SECRET

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION **Three**

4. COMMENTS CONCERNING POTENTIAL  
 From subject's performance here it appears that his potential in the records management field may be limited only by his lack of formal higher education, and even in this respect he could overcome this deficiency with some training. His forcefulness and boundless energy would unquestionably inspire any subordinates to higher performance. He has an intense interest in records work and an ability to grasp complex problems and make quick decisions.

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

3

None

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

None

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X = HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
| 3        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 5        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 5        | 21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES           |
| 4        | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4        | 12. SHOWS ORIGINALITY                                  | 3        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS      |
| 5        | 3. HAS INITIATIVE                                 | 5        | 13. ACCEPTS RESPONSIBILITIES                           | 3        | 23. IS THOUGHTFUL OF OTHERS                              |
| 4        | 4. IS ANALYTIC IN HIS THINKING                    | 3        | 14. ADMITS HIS ERRORS                                  | 5        | 24. DOES WELL UNDER PRESSURE                             |
| 5        | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 3        | 15. RESPONDS WELL TO SUPERVISION                       | 4        | 25. DISPLAYS JUDGEMENT                                   |
| 5        | 6. KNOWS WHEN TO SEEK ASSISTANCE                  | 5        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 3        | 26. IS SECURITY CONSCIOUS                                |
| 5        | 7. CAN GET ALONG WITH PEOPLE                      | 4        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | X        | 27. IS VERSATILE   |
| 5        | 8. HAS MEMORY FOR FACTS                           | 4        | 18. IS OBSERVANT                                       | 4        | 28. HIS CRITICISM IS CONSTRUCTIVE                        |
| 5        | 9. GETS THINGS DONE                               | 5        | 19. THINKS CLEARLY                                     | 4        | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE           |
| X        | 10. CAN COPE WITH EMERGENCIES                     | 4        | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 5        | 30. DOES NOT REQUIRE SYMBOLIC AND CONTINUOUS SUPERVISION |

SECRET

SECRET

(When Filled)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

## SECTION A.

## GENERAL

|   |                          |  |                            |        |                        |
|---|--------------------------|--|----------------------------|--------|------------------------|
| 1. NAME (Last)                          | (First)                  | (Middle)   | 2. DATE OF BIRTH           | 3. SEX | 4. SERVICE DESIGNATION |
| WOODS                                   | James                    |  | 20 Feb 1928                | M      | SD: DI                 |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          |  | 6. OFFICIAL POSITION TITLE |        |                        |
| FI RI A&O                               |                          |  | GS-0132.35-7 Intel Analyst |        |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                            |        |                        |
| GS-7                                    |                          | 21 January 1957 - 15 July 1957                     |                            |        |                        |
| 10. TYPE OF REPORT (Check one)          | INITIAL                  | REASSIGNMENT SUPERVISOR                            | SPECIAL (Specify)          |        |                        |
|   | ANNUAL                   | X REASSIGNMENT EMPLOYEE                            |                            |        |                        |

## SECTION B.

## CERTIFICATION

3. FOR THE RATER: THIS REPORT ☒ HAS ☒ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.  
NOT: Mr. Woods is on temporary duty in Mexico City, Mexico.

A. CHECK (X) APPROPRIATE STATEMENTS:

|   |  |  |
|---|--|--|
| X | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
|   | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                     | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)         |
|   | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |  |

D. THIS DATE

22 July 1957

SUPERVISOR

SUPERVISOR'S OFFICIAL TITLE

Coordinator, 201 Control Unit

RI/Analysis Section

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

|  |                     |
|--|---------------------|
| BY                                     | DATE                |
| Posted Pos. Control <i>[Signature]</i> | 7/23/57             |
| Reviewed by PUD                        | D. L. REEDY 10-8-57 |

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

|              |   |   |
|--------------|---|---|
| A. THIS DATE | B. TYPED BY (Name and Signature) AND SIGNED BY REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 22 July 1957 | <i>[Signature]</i>  | Supervisor, RI/Analysis Section         |

## SECTION C.

## JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

|   |
|---|
| 1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.   |
| 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
| 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF NEARNESS.  |
| 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
| 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
| 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS: Mr. Woods departed for temporary duty on 9 Feb 1957. His last Fitness Report was completed on 5 Feb 1957, just prior to his departure. Reports from the station indicate he is doing a commendable job.

AUG 16 3:19 PM '57

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(when filled in)

| 2. RATINGS ON PERFORMANCE OF MAINTENANCE PERSONNEL   |   |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|--|---|---|---------------|-----------------------------|--|--|--|---|--|---|--|-------------------|---------------------------|---------------|--------------------|-----------------------------|----------------|-------------|--------|--------------------------------|--------------|------------------|--------------------|----------------------------|-------------|-------------------------|--------------------------------|
| <p><b>DIRECTIONS:</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise is rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table border="0"> <tr> <td>ORAL BRIEFING</td> <td>NAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p> |   |   |               | ORAL BRIEFING               | NAS AND USES AREA KNOWLEDGE                        | CONDUCTS INTERROGATIONS  | GIVING LECTURES  | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES                                   | CONDUCTING SEMINARS   | ANALYZES INDUSTRIAL REPORTS  | TRANSLATES GERMAN | WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES | CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS | TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK | TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING | SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |
| ORAL BRIEFING  | NAS AND USES AREA KNOWLEDGE   | CONDUCTS INTERROGATIONS   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| GIVING LECTURES  | DEVELOPS NEW PROGRAMS   | PREPARES SUMMARIES  |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING SEMINARS  | ANALYZES INDUSTRIAL REPORTS   | TRANSLATES GERMAN   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| WRITING TECHNICAL REPORTS  | MANAGES FILES   | DEBRIEFING SOURCES  |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| CONDUCTING EXTERNAL LIAISON  | OPERATES RADIO  | KEEPS BOOKS   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TYPING   | COORDINATES WITH OTHER OFFICES  | DRIVES TRUCK  |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| TAKING DICTATION   | WRITES REGULATIONS  | MAINTAINS AIR CONDITIONING  |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SUPERVISING  | PREPARES CORRESPONDENCE   | EVALUATES SIGNIFICANCE OF DATA  |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>DESCRIPTIVE RATING NUMBER</b></p>  | <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p> | <p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p> |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 1  | RATING NUMBER   | SPECIFIC DUTY NO. 4   | RATING NUMBER |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 2  | RATING NUMBER   | SPECIFIC DUTY NO. 5   | RATING NUMBER |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| SPECIFIC DUTY NO. 3  | RATING NUMBER   | SPECIFIC DUTY NO. 6   | RATING NUMBER |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p>   |   |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>SECTION 2. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table border="0"> <tr> <td rowspan="7"> <p><b>RATING NUMBER</b></p> </td> <td>1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> </tr> <tr> <td>2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td>4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td>5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td>6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>   |   |   |               | <p><b>RATING NUMBER</b></p> | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED | 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW | 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
| <p><b>RATING NUMBER</b></p>  | 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED  |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW  |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION  |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION   |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS  |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION   |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |
|  | 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION  |   |               |                             |  |  |  |   |  |   |  |                   |                           |               |                    |                             |                |             |        |                                |              |                  |                    |                            |             |                         |                                |

SECRET

## SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, held and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

|   |                          |  |                        |
|---|--------------------------|--|------------------------|
| 1. NAME (Last) (First) (Middle)         | 2. DATE OF BIRTH         | 3. SEX   | 4. SERVICE DESIGNATION |
| WOODS James                             | 20 Feb 1928              | M  | SD: DI                 |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          | 6. OFFICIAL POSITION/TITLE                         |                        |
| FI RI AAO                               |                          | OS-0132.35-7 Intel Analyst                         |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (inclusive dates) |                        |
| GS-7                                    |                          | 21 January 1957 - 15 July 1957                     |                        |
| 10. TYPE OF REPORT (Check one)          | 11. SPECIAL (Specify)    |  |                        |
| INITIAL                                 | REASSIGNMENT-SUPERVISOR  |  |                        |
| ANNUAL                                  | REASSIGNMENT-EMPLOYEE    |  |                        |

## SECTION F.

## CERTIFICATION

|  |  |   |
|--|--|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED          |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR         | C. SUPERVISOR'S OFFICIAL TITLE          |
|  |  |   |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. |  |   |
| A. THIS DATE   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|  |  |   |

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

|               |  |
|---------------|--|
| RATING NUMBER | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|               | 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|               | 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|               | 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
|               | 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING   |
|               | 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  |
|               | 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

|                           |   |   |
|---------------------------|---|---|
| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION              |   |
|                           | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION     |   |
|                           | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION |   |
|                           | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION           |   |
| ACTUAL                    | POTENTIAL   | DESCRIPTIVE SITUATION   |
|                           |   | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) where contact with immediate subordinates is frequent (First line supervisors) |
|                           |   | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)   |
|                           |   | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)  |
|                           |   | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT  |
|                           |   | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION   |
|                           |   | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX   |
|                           |   | OTHER (Specify)   |

OFFICE OF PERSONNEL  
**SECRET**  
(When Filled-In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS SINCE THE INDIVIDUAL HAS BEEN UNDER YOUR SUPERVISION

APR 16 3 19 PM '57

4. COMMENTS CONCERNING POTENTIAL

MAIL ROOM

**SECTION II. FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I. DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

**CATEGORY NUMBER**

- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
|          | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            |          | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               |          | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES        |
|          | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES |          | 12. SHOWS ORIGINALITY                                  |          | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS    |
|          | 3. HAS INITIATIVE                                 |          | 13. ACCEPTS RESPONSIBILITIES                           |          | 23. IS THOUGHTFUL OF OTHERS                            |
|          | 4. IS ANALYTIC IN HIS THINKING                    |          | 14. ADMITS HIS ERRORS                                  |          | 24. WORKS WELL UNDER PRESSURE                          |
|          | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS |          | 15. RESPONDS WELL TO SUPERVISION                       |          | 25. DISPLAYS JUDGEMENT                                 |
|          | 6. ENJOYS WHEN TO SEEK ASSISTANCE                 |          | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                |          | 26. IS SECURITY CONSCIOUS                              |
|          | 7. CAN GET ALONG WITH PEOPLE                      |          | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                |          | 27. IS VERSATILE                                       |
|          | 8. HAS MEMORY FOR FACTS                           |          | 18. IS OBSERVANT                                       |          | 28. HIS CRITICISM IS CONSTRUCTIVE                      |
|          | 9. GETS THINGS DONE                               |          | 19. THINKS CLEARLY                                     |          | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE         |
|          | 10. CAN COPE WITH EMERGENCIES                     |          | 20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS |          | 30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION |

**SECRET**

SECRET

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

## SECTION A.

## GENERAL

|  |                                       |   |  |             |                                 |
|--|---------------------------------------|---|--|-------------|---------------------------------|
| 1. NAME (Last) (First) (Middle)<br>WOODS, James S.   |                                       |   | 2. DATE OF BIRTH<br>20 Feb 1928                          | 3. SEX<br>M | 4. SERVICE DESIGNATION<br>SD:DI |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT<br>RI RI AEO |                                       |   | 6. OFFICIAL POSITION TITLE<br>GS-0132.35-7 Intel Analyst |             |                                 |
| 7. GRADE<br>GS-7                                     | 8. DATE REPORT DUE IN OF<br>21 Jan 57 | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br>21 January 1956 - 20 January 1957 |  |             |                                 |
| 10. TYPE OF REPORT (Check one)                       |                                       | 11. SPECIAL (Specify)   |  |             |                                 |
| <input checked="" type="checkbox"/> INITIAL          |                                       | <input type="checkbox"/> REASSIGNMENT-SUPERVISOR  |  |             |                                 |
| <input checked="" type="checkbox"/> ANNUAL           |                                       | <input type="checkbox"/> REASSIGNMENT-EMPLOYEE  |  |             |                                 |

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

2. CHECK (X) APPROPRIATE STATEMENTS:

|  |  |
|--|--|
| <input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.  | <input type="checkbox"/> IF INDIVIDUAL IS RATED "E" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                     | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):    |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |  |

|                            |  |
|----------------------------|--|
| 3. THIS DATE<br>5 Feb 1957 | 4. SUPERVISOR'S OFFICIAL TITLE<br>Coordinator 201 Control Unit |
|----------------------------|--|

5. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Mr. Woods since return from foreign assignment has completed one temporary duty assignment and is preparing for another. He has applied the present headquarters work at the station registry on a standard equating with this evaluation.

Posted Pos. Control 11 FEB 57  
Reviewed by RUD 2-7-57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

|                            |   |  |
|----------------------------|---|--|
| 6. THIS DATE<br>5 Feb 1957 | 7. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL<br>John J. Murray, Jr. | 8. OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Supervisor, RI/AN Section |
|----------------------------|---|--|

## SECTION C. JOB PERFORMANCE EVALUATION

### 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

|  |   |
|--|---|
| <p>5<br/>INSET<br/>RATING<br/>NUMBER</p> | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|  | 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|  | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|  | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|  | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|  | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS:

SECRET

Performance



SECRET

(When Filled In)

FILE OF PERSONNEL

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include more or less important duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

- Be specific. Examples of the kind of duties that might be rated are:

|                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |

- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

|                                 |   |  |
|---------------------------------|---|--|
| DESCRIPTIVE<br>RATING<br>NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY                                     | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
|                                 | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                                 | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY   |
|                                 | 3 - PERFORMS THIS DUTY ACCEPTABLY   |  |
|                                 | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER  |  |
|                                 | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB |  |

|  |                    |   |                    |
|--|--------------------|---|--------------------|
| SPECIFIC DUTY NO. 1<br>Analysis - subjective analysis of CE, FI and PP material. | RATING NUMBER<br>5 | SPECIFIC DUTY NO. 4<br>Assignment Management - Organization & scheduling of work. | RATING NUMBER<br>5 |
| SPECIFIC DUTY NO. 2<br>Analysis - Quantitative                                   | RATING NUMBER<br>5 | SPECIFIC DUTY NO. 5   | RATING NUMBER      |
| SPECIFIC DUTY NO. 3<br>Has and uses area knowledge.                              | RATING NUMBER<br>4 | SPECIFIC DUTY NO. 6   | RATING NUMBER      |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

During the short time Mr. Woods has been assigned to this office, he has very quickly grasped the essentials of his assignment; he knows when to seek guidance and is constantly striving to increase his knowledge and understanding of his assignment. He is extremely conscientious, accepts the responsibilities of his job and performs his duties commendably.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- FACILELY BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

## SECTION E.

## GENERAL

|  |                            |  |                          |
|--|----------------------------|--|--------------------------|
| 1. NAME (Last) (First) (Middle)            | 2. DATE OF BIRTH           | 3. SEX   | 4. SERVICE DESIGNATION   |
| WOODS, James S.                            | 20 Feb 1928                | M  | SD-1                     |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT    | 6. OFFICIAL POSITION TITLE |  |                          |
| FI RI ALO                                  | OS-0132.35-7 Intel Analyst |  |                          |
| 7. GRADE                                   | 8. DATE REPORT DUE IN OP   | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |                          |
| OS-7                                       | 21 Jan 57                  | 21 January 1956 - 20 January 1957                  |                          |
| 10. TYPE OF REPORT (Check one)             | INITIAL                    | REASSIGNMENT-SUPERVISOR                            | SPECIAL (Specify)        |
| <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/>   | <input type="checkbox"/>                           | <input type="checkbox"/> |

## SECTION F.

## CERTIFICATION

|  |   |   |
|--|---|---|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED          |   |   |
| A. THIS DATE   | B. TYPED NAME AND SIGNATURE OF RATER              | C. SUPERVISOR'S OFFICIAL TITLE          |
| 5 Feb 1957   | John J. Murray, Jr.                               | Coordinator 201 Control Unit            |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. |   |   |
| A. THIS DATE   | B. TYPED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
| 5 Feb 1957   | John J. Murray, Jr.                               | Supervisor, RI/Analysis Section         |

## SECTION G.

## ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES  
 DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

|   |  |
|---|--|
| 5 | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
|   | 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  |
| 5 | 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES                           |
|   | 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  |
| 5 | 5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING   |
|   | 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL  |
| 5 | 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION | 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION   | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION |
|---------------------------|--|---|---|---|
| ACTUAL                    | POTENTIAL  | DESCRIPTIVE SITUATION   |   |   |
|                           | 3  | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor) |   |   |
|                           | 2  | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)   |   |   |
|                           | 0  | A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)  |   |   |
|                           | 0  | WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT  |   |   |
|                           | 2  | WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION   |   |   |
|                           | 2  | WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX   |   |   |
|                           |  | OTHER (Specify)   |   |   |

**SECRET**

(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION.  
**Three Months**

4. COMMENTS CONCERNING POTENTIAL

Mr. Woods is lacking in formal education, however, he has intelligence, initiative and ability and with continued on-the-job experience is capable of developing into a good supervisor of a section in RI or in operating the Registry Section of a field installation.

**SECTION II.**

**FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

**Training within the established FI/RI pattern.**

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I.**

**DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT  | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
| 3        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW            | 5        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT               | 4        | 21. IS EFFECTIVE IN DISCUSSING WITH ASSOCIATES           |
| 4        | 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | 4        | 12. SHOWS ORIGINALITY                                  | 3        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS      |
| 4        | 3. HAS INITIATIVE                                 | 4        | 13. ACCEPTS RESPONSIBILITIES                           | 4        | 23. IS TOLERANT OF OTHERS                                |
| 4        | 4. IS ANALYTIC IN HIS THINKING                    | 3        | 14. ADMITS HIS ERRORS                                  | 4        | 24. WORKS WELL UNDER PRESSURE                            |
| 4        | 5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS | 3        | 15. RESPONDS WELL TO SUPERVISION                       | 4        | 25. DISPLAYS JUDGMENT                                    |
| 3        | 6. KNOWS WHEN TO SEEK ASSISTANCE                  | 4        | 16. DOES HIS JOB WITHOUT STRONG SUPPORT                | 4        | 26. IS SECURITY CONSCIOUS                                |
| 5        | 7. CAN GET ALONG WITH PEOPLE                      | 4        | 17. COMES UP WITH SOLUTIONS TO PROBLEMS                | 4        | 27. IS VERSATILE   |
| 4        | 8. HAS MEMORY FOR FACTS                           | 4        | 18. IS OBSERVANT                                       | 4        | 28. HIS CONDUCT IS CONSTRUCTIVE                          |
| 5        | 9. GETS THINGS DONE                               | 4        | 19. THINKS CLEARLY                                     | 5        | 29. FACILITATES SMOOTH OPERATION OF HIS OFFICE           |
| 5        | 10. CAN COPE WITH EMERGENCIES                     | 5        | 20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS | 3        | 30. DEMONSTRATES STRONG AND EFFECTIVE SUPERVISORY SKILLS |

**SECRET**

SECRET

## FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows what he stands for.

DATE

Rated Pos. Control

28 MAY 1956

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

James S. Woods

1. DATE OF BIRTH  
25 Feb. 19282. SEX  
M3. SERVICE DESIGNATION  
III

4. GRADE

GS-7

5. STATION DESIGNATION (Current)

Hqs

6. DUE DATE OF THIS REPORT

April 1956

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

15 April 1955 - 15 April 1956

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1954

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

ity

Subject is an intelligence analyst in the Personal File Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

|  |   |
|--|---|
| 1. NAME OF RATER (True)  | 2. NAME OF REVIEWING OFFICIAL IN FIELD (True)   |
|  | Paul B. Breitwieser   |
| 3. THIS REPORT WAS <input checked="" type="checkbox"/> YES <input type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED. |   |
| 4. DATE REPORT AUTHENTICATED AT Hqs.   | 5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES |
| 1 May 1956   | William E. Nelson, CEE/1  |

DO NOT COMPLETE

FOR HEADQUARTERS USE ONLY

SECRET

**SECRET**  
(When Filled In)

OFFICE OF PERSONNEL

**SECTION IV**

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The table within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

| STATEMENTS   | NOT.<br>OR.<br>SERVED | CATEGORIES           |                                   |                                      |  |  |
|--|-----------------------|----------------------|-----------------------------------|--------------------------------------|--|--|
|  |                       | DOES<br>NOT<br>APPLY | APPLIES TO A<br>LIMITED<br>DEGREE | APPLIES TO A<br>REASONABLE<br>DEGREE | APPLIES TO AN<br>ABOVE AVERAGE<br>DEGREE | APPLIES TO AN<br>OUTSTANDING<br>DEGREE |
| A. ABLE TO SEE ANOTHER'S<br>POINT OF VIEW.             |                       |                      | X                                 |                                      |  |  |
| B. PRACTICAL.  |                       |                      |                                   |                                      | X  |  |
| 1. A GOOD REPORTER OF EVENTS.                          | X                     |                      |                                   |                                      |  |  |
| 2. CAN MAKE DECISIONS ON HIS OWN<br>WHEN NEED ARISES.  |                       |                      |                                   |                                      | X  |  |
| 3. CAUTIOUS IN ACTION.                                 |                       |                      |                                   |                                      | X  |  |
| 4. HAS INITIATIVE.                                     |                       |                      |                                   |                                      |  | X                                      |
| 5. UNEMOTIONAL.  |                       |                      |                                   |                                      | X  |  |
| 6. ANALYTIC IN HIS THINKING.                           |                       |                      |                                   |                                      | X  |  |
| 7. CONSTANTLY STRIVING FOR NEW<br>KNOWLEDGE AND IDEAS. |                       |                      |                                   |                                      | X  |  |
| 8. GETS ALONG WITH PEOPLE AT ALL<br>SOCIAL LEVELS.     |                       |                      |                                   |                                      | X  |  |
| 9. HAS SENSE OF HUMOR.                                 |                       |                      |                                   |                                      | X  |  |
| 10. KNOWS WHEN TO SEEK ASSISTANCE.                     |                       |                      |                                   |                                      | X  |  |
| 11. CALM.  |                       |                      |                                   |                                      | X  |  |
| 12. CAN GET ALONG WITH PEOPLE.                         |                       |                      |                                   |                                      | X  |  |
| 13. MEMORY FOR FACTS.                                  |                       |                      |                                   |                                      | X  |  |
| 14. GETS THINGS DONE.                                  |                       |                      |                                   |                                      |  | X                                      |
| 15. KEEPS ORIENTED TOWARD LONG<br>TERM GOALS.          |                       |                      |                                   |                                      | X  |  |
| 16. CAN COPE WITH EMERGENCIES.                         |                       |                      |                                   |                                      | X  |  |
| 17. HAS HIGH STANDARDS OF<br>ACCOMPLISHMENT.           |                       |                      |                                   |                                      |  | X                                      |
| 18. HAS STAMINA: CAN KEEP GOING<br>A LONG TIME.        |                       |                      |                                   |                                      |  | X                                      |
| 19. HAS WIDE RANGE OF INFORMATION.                     |                       |                      |                                   |                                      | X  |  |
| 20. SHOWS ORIGINALITY.                                 |                       |                      |                                   |                                      | X  |  |
| 21. ACCEPTS RESPONSIBILITIES.                          |                       |                      |                                   |                                      | X  |  |
| 22. ADMITS HIS ERRORS.                                 |                       |                      |                                   |                                      | X  |  |
| 23. RESPONDS WELL TO SUPERVISION.                      |                       |                      |                                   |                                      | X  |  |
| 24. EVEN DISPOSITION.                                  |                       |                      |                                   |                                      | X  |  |
| 25. ABLE TO DO HIS JOB WITHOUT<br>STRONG SUPPORT       |                       |                      |                                   |                                      | X  |  |

**SECRET**

20. CAN THINK ON HIS FEET.
21. COMES UP WITH SOLUTIONS TO PROBLEMS.
22. STIMULATING TO ASSOCIATES; A "SPARK PLUG".
23. TOUGH MINDED.
24. OBSERVANT.
25. CAPABLE.
26. CLEAR THINKING.
27. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS.
28. EVALUATES SELF REALISTICALLY.
29. WELL INFORMED ABOUT CURRENT EVENTS.
30. DELIBERATE.
31. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.
32. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.
33. THOUGHTFUL OF OTHERS.
34. WORKS WELL UNDER PRESSURE.
35. DISPLAYS JOHNSON.
36. GIVES CREDIT WHERE CREDIT IS DUE.
37. HAS DRIVE.
38. IS SECURITY CONSCIOUS.
39. VERSATILE.
40. HIS CRITICISM IS CONSTRUCTIVE.
41. ABLE TO INFLUENCE OTHERS.
42. FACILITATES EFFICIENT OPERATION OF HIS OFFICE.
43. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION.
44. A GOOD SUPERVISOR.

SECTION V

A. WHAT ARE HIS OUTSTANDING STRENGTHS?

WHAT ARE HIS OUTSTANDING STRENGTHS?

Subject is conscientious, hard-working and more than willing to work long hours. Subject has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

D. WARY 021 415 4789 2NDING PEANESSCS

Subject is weak in his ability to express himself in writing.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CONSIDERATIONS.  
 Subject's stamina and persistence in accomplishing his tasks in a minimum amount of time outweigh his weakness.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

## SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.  
☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.  
☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  
☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.  
☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  
☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION; WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.  
☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION; IRRITATED BY RESTRICTIONS; REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.  
☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BOTHERED BY MINOR FRUSTRATIONS; WILL QUIT IF THESE CONTINUE.  
☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT; HAS "WAIT AND SEE" ATTITUDE; WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.  
☒ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION; MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION; THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.  
☐ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION; BEARING AN UNEXPECTED OUTSIDE OPPORTUNITY WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.  
☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION; WILL PROBABLY WORK HARD FOR WORKING ANY PLACE BUT IN THE ORGANIZATION.

D. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.  
☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.  
☒ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.  
☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.  
☐ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.  
☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating; skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.  
☐ 2. OF DOUBTFUL SUITABILITY; WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.  
☐ 3. A BARELY ACCEPTABLE EMPLOYEE; DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.  
☐ 4. A TYPICAL EMPLOYEE; HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.  
☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.  
☐ 6. AN EXCEPTIONALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.  
☐ 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

SECRET

DDP-FF T-7

SECRET  
(When Filled In)

## FIELD FITNESS REPORT

COPIED

The Fitness Report is an important factor in organization personnel management. It seeks to provide:

1. The organization selection board with information of value when considering the application of an individual for membership in the career staff, and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

## INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows the standards against which he is

Reviewed by FUD

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

## SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY

James S. Woods

1. DATE OF BIRTH

25 Feb 1928

2. SEX

M

3. SERVICE DESIGNATION

SD-D

4. GRADE

GS-5

5. STATION DESIGNATION (Current)

Mission Headquarters

6. DUE DATE OF THIS REPORT

7. PERIOD COVERED BY THIS REPORT (Inclusive dates)

1 November 1954 - 14 April 1955

## SECTION II (To be completed by field supervisor)

1. CURRENT POSITION

Intelligence Analyst - CE

0136.52

2. DATE ASSUMED RESPONSIBILITY FOR POSITION

25 September 1955

3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)

Subject is an intelligence analyst in the Personality Files Section of the Records Integration Branch. Subject is responsible for the maintenance of agent records and personality files, and is responsible for making all Mission file checks.

## SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

## AUTHENTICATION OF REPORT AND SIGNATURES

1. NAME OF RATER (Print)

2. NAME OF REVIEWING OFFICIAL IN FIELD (Print)

John L. Hart

3. THIS REPORT ☐ WAS ☐ WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED.

4. DATE REPORT AUTHENTICATED AT HQS.

29 April 55

5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES

William E. Nelson

William E. Nelson

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**SECTION IV**

**OFFICE OF PERSONNEL**

This section is provided as an aid in describing the individual. Your description is not responsible or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The description words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply to most people. On the right hand side of the page are four major categories of descriptions. The second category is divided into three small blocks; this is to allow you to make finer distinctions if you so wish. One of the statements on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite notion that the description is not at all suited to the individual.

| STATEMENTS  | SAMPLES | CATEGORIES   |                |                             |                                |                                    |                                  |
|---|---------|--------------|----------------|-----------------------------|--------------------------------|------------------------------------|----------------------------------|
|   |         | NOT OBSERVED | DOES NOT APPLY | APPLIES TO A LIMITED DEGREE | APPLIES TO A REASONABLE DEGREE | APPLIES TO AN ABOVE AVERAGE DEGREE | APPLIES TO AN OUTSTANDING DEGREE |
| A. ABLE TO SEE ANOTHER'S POINT OF VIEW.             |         |              |                | X                           |                                |                                    |                                  |
| B. PRACTICAL.                                       |         |              |                |                             |                                | X                                  |                                  |
| 1. A GOOD REPORTER OF EVENTS.                       |         |              |                | X                           |                                |                                    |                                  |
| 2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.  |         |              |                |                             | X                              |                                    |                                  |
| 3. CAUTIOUS IN ACTION.                              |         |              |                |                             |                                | X                                  |                                  |
| 4. HAS INITIATIVE.                                  |         |              |                |                             |                                |                                    | X                                |
| 5. UNEMOTIONAL.                                     |         |              |                |                             |                                | X                                  |                                  |
| 6. ANALYTIC IN HIS THINKING.                        |         |              |                |                             |                                | X                                  |                                  |
| 7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS. |         |              |                |                             |                                | X                                  |                                  |
| 8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.     |         |              |                |                             |                                | X                                  |                                  |
| 9. HAS SENSE OF HUMOR.                              |         |              |                |                             |                                | X                                  |                                  |
| 10. KNOWS WHEN TO SEEK ASSISTANCE.                  |         |              |                |                             |                                | X                                  |                                  |
| 11. CALM.   |         |              |                |                             |                                | X                                  |                                  |
| 12. CAN GET ALONG WITH PEOPLE.                      |         |              |                |                             |                                | X                                  |                                  |
| 13. MEMORY FOR FACTS.                               |         |              |                |                             |                                | X                                  |                                  |
| 14. GETS THINGS DONE.                               |         |              |                |                             |                                |                                    | X                                |
| 15. KEEPS ORIENTED TOWARD LONG TERM GOALS.          |         |              |                |                             |                                | X                                  |                                  |
| 16. CAN COPE WITH EMERGENCIES.                      |         |              |                |                             |                                | X                                  |                                  |
| 17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.           |         |              |                |                             |                                |                                    | X                                |
| 18. HAS STAMINA; CAN KEEP GOING A LONG TIME.        |         |              |                |                             |                                |                                    | X                                |
| 19. HAS WIDE RANGE OF INFORMATION.                  |         |              |                |                             |                                | X                                  |                                  |
| 20. SHOWS ORIGINALITY.                              |         |              |                |                             |                                | X                                  |                                  |
| 21. ACCEPTS RESPONSIBILITIES.                       |         |              |                |                             |                                |                                    | X                                |
| 22. ADMITS HIS ERRORS.                              |         |              |                |                             |                                | X                                  |                                  |
| 23. RESPONDS WELL TO SUPERVISION.                   |         |              |                |                             |                                | X                                  |                                  |
| 24. EVEN DISPOSITION.                               |         |              |                |                             |                                | X                                  |                                  |
| 25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.      |         |              |                |                             |                                | X                                  |                                  |

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|   |  |  |  |  |   |   |  |  |  |   |   |   |  |  |  |  |  |  |  |
|---|--|--|--|--|---|---|--|--|--|---|---|---|--|--|--|--|--|--|--|
| 26. CAN THINK ON HIS FEET.                              |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 27. COMES UP WITH SOLUTIONS TO PROBLEMS.                |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 28. STIMULATING TO ASSOCIATES: A "SPARK PLUG".          |  |  |  |  |   |   |  |  |  |   | X |   |  |  |  |  |  |  |  |
| 29. TOUGH MINDED.                                       |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 30. OBSERVANT.  |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 31. CAPABLE.  |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 32. CLEAR THINKING.                                     |  |  |  |  |   | X |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 33. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS. |  |  |  |  |   |   |  |  |  |   | X |   |  |  |  |  |  |  |  |
| 34. EVALUATES SELF REALISTICALLY.                       |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 35. WELL INFORMED ABOUT CURRENT EVENTS.                 |  |  |  |  | X |   |  |  |  |   |   |   |  |  |  |  |  |  |  |
| 36. DELIBERATE.   |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 37. EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES.           |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 38. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS.    |  |  |  |  |   |   |  |  |  |   | X |   |  |  |  |  |  |  |  |
| 39. THOUGHTFUL OF OTHERS.                               |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 40. WORKS WELL UNDER PRESSURE.                          |  |  |  |  |   |   |  |  |  |   |   | X |  |  |  |  |  |  |  |
| 41. DISPLAYS JUDGEMENT.                                 |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 42. GIVES CREDIT WHERE CREDIT IS DUE.                   |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 43. HAS DRIVE.  |  |  |  |  |   |   |  |  |  |   |   | X |  |  |  |  |  |  |  |
| 44. IS SECURITY CONSCIOUS.                              |  |  |  |  |   |   |  |  |  |   |   | X |  |  |  |  |  |  |  |
| 45. VERSATILE.  |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 46. HIS CRITICISM IS CONSTRUCTIVE.                      |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 47. ABLE TO INFLUENCE OTHERS.                           |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 48. FACILITATES SMOOTH OPERATION OF HIS OFFICE.         |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |
| 49. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION. |  |  |  |  |   |   |  |  |  |   |   | X |  |  |  |  |  |  |  |
| 50. A GOOD SUPERVISOR.                                  |  |  |  |  |   |   |  |  |  | X |   |   |  |  |  |  |  |  |  |

**SECTION V**

**A. WHAT ARE HIS OUTSTANDING STRENGTHS?**

Subject is conscientious, hard-working, and more than willing to work long hours. He has a good background and experience in maintaining agent records. Subject has assumed his present responsibilities with a minimum of supervision.

**B. WHAT ARE HIS OUTSTANDING WEAKNESSES?**

Subject is weak in his ability to express himself in writing.

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(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:

Subject's stamina and persistence in accomplishing his tasks in **81-01100000**  
amount of time outweigh his weaknesses.

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? ☒ NO ☐ YES. IF YES, WHY?

May 16 8 43 AM '55

MAIL ROOM

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?

Recommend training in Phase II and III

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

**SECTION VI**

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D.

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- ☐ 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- ☐ 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- ☐ 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- ☐ 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- ☒ 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- ☐ 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? ☒ NO ☐ YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said; his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- ☐ 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- ☐ 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... FRANK BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- ☐ 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- ☐ 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- ☐ 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- ☒ 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- ☐ 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.


- ☐ 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- ☐ 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- ☐ 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- ☐ 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- ☒ 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- ☐ 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE PERSONS WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- ☐ 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- ☐ 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- ☐ 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- ☐ 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- ☒ 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- ☐ 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- ☐ 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

**SECRET**

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SECURITY INFORMATION

|  |                   |  |  |
|--|-------------------|--|--|
| <p style="font-size: 1.2em; margin: 0;">FE 9<br/>JUL 10V</p>   |                   | <p align="right">DATE<br/><i>28 June 54</i></p>                                      |  |
| <b>PERSONNEL EVALUATION REPORT</b>   |                   |  |  |
| <i>Items 1 through 6 will be completed by Administrative or Personnel Officer</i>  |                   |  |  |
| 1. NAME (Last)   | (First)           | (Middle)   | 2. GRADE   |
| WOODS, James S.  |                   |  | GS-5   |
| 3. POSITION TITLE  |                   |  |  |
| Intel. Anal. CD-FT   |                   |  |  |
| 4. OFFICE  | STAFF OR DIVISION | BRANCH   | <input checked="" type="checkbox"/> DEPT'L. <input type="checkbox"/> IF FIELD, SPECIFY STATION |
| DDP/FI/RI  | P & R Branch      | Consol Section   | <input type="checkbox"/> FIELD   |
| 5. PERIOD COVERED BY REPORT  |                   | 6. TYPE OF REPORT  |  |
| From   | To                | <input type="checkbox"/> Initial   | <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special                    |
| 21 Apr. 53   | 20 Apr. 54        | <input type="checkbox"/> Reassignment  | <input type="checkbox"/> Reassignment of Supervisor  |
| <i>Items 7 through 10 will be completed by the person evaluated</i>  |                   |  |  |
| 7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.   |                   |  |  |
| <p>As senior analyst on the EE/FI/G/Z area my duties consist of:</p> <p>(A) Consolidating personality files which entails the following: (1) Make a complete search in Index on all references pertaining to the subject, (2) gathering all references in RI/Files, (3) analyzing documents for inclusion in ZOI, (4) preparing a summary of reference sheet which notes the disposition of all the documents put in the case.</p> <p>(B) Liaison with the area desk.</p> <p>(C) Supervising the work of the junior analyst.</p> |                   |  |  |
| 8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.   |                   |  |  |
| Name of Course   | Location          | Length of Course   | Date Completed   |
| NONE   |                   |  |  |
| 9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?  |                   |  |  |
| Intelligence work at the desk level.   |                   |  |  |
| IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (APTITUDE, KNOWLEDGE, SKILLS).   |                   |  |  |
| Two years experience in RI.  |                   |  |  |
| 10.  |                   |  |  |
| 12 April 1954  |                   |  |  |
| DATE   |                   | SIGNATURE  |  |
| <i>Items 11 through 13 will be completed by Supervisor</i>   |                   |  |  |
| 11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.  |                   |  |  |
| <p>Mr. Woods has performed his duties conscientiously and well. He possesses a great deal of energy, is extremely industrious and has maintained excellent relations in his liaison with the area desk.</p>  |                   |  |  |

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SECURITY INFORMATION

OFFICE OF PERSONNEL

|  |
|--|
| <p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p>Mr. Woods has performed his duties most outstandingly by virtue of his information and maintenance of excellent liaison relations.</p>  |
| <p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>   |
| <p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p>Mr. Woods has handled his present responsibilities admirably and I am certain he would be capable of handling additional ones as the opportunity occurs.</p>   |
| <p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p>Mr. Woods could qualify as an Intelligence Analyst in any of the appropriate section of RI.</p>  |
| <p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p>None at this time</p>  |
| <p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>  |
| <p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>13 April 54</p> <p align="center">DATE</p> </div> <div style="width: 45%;"> <p><i>Harry D. Randall</i></p> <p align="center">SIGNATURE OF SUPERVISOR</p> </div> </div>   |
| <p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown in Item 20.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>18 May 1954</p> <p align="center">DATE</p> </div> <div style="width: 45%;"> <p align="center">SIGNATURE OF REVIEWING OFFICIAL</p> </div> </div> |
| <p>20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)</p> <p>Subject transferred to FE effective 25 April 1954.</p> <p align="center"><i>over</i></p>  |

**SECRET**

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SECURITY INFORMATION

**PERSONNEL EVALUATION REPORT**

*Items 1 through 6 will be completed by Administrative or Personnel Officer*

|  |                                |  |   |  |
|--|--------------------------------|--|---|--|
| 1. NAME (Last)<br><b>WOODS</b>                                       | (First)<br><b>James</b>        | (Middle)<br><b>S.</b>  | 2. GRADE<br><b>GS-4</b>   | 3. POSITION TITLE<br><b>File Clerk</b> |
| 4. OFFICE<br><b>DD/P</b>   | STAFF OR DIVISION<br><b>FI</b> | BRANCH<br><b>RI</b>  | <input checked="" type="checkbox"/> DEPT'L.<br><input type="checkbox"/> FIELD | IF FIELD, SPECIFY STATION              |
| 5. PERIOD COVERED BY REPORT<br>from <b>4-21-52</b> to <b>4-21-53</b> |                                | 6. TYPE OF REPORT<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Special<br><input type="checkbox"/> Reassignment <input type="checkbox"/> Reassignment of Supervisor |   |  |

*Items 7 through 10 will be completed by the person evaluated*

7. LIST YOUR MAJOR DUTIES IN APPROXIMATE ORDER OF IMPORTANCE, WITH A BRIEF DESCRIPTION OF EACH. OMIT MINOR DUTIES.

Review and analyze material for consolidation of FOI Personality Files. This includes making a complete impartial name check in RI/SC index and a complete search for all material pertinent to the subject in the RI/Files. Also maintain liaison with the AFSA's.  
After reviewing documents, make up Cross References and any Document changes as necessary. Complete a Summary of References Form listing all references reviewed and the action taken on each.

8. LIST COURSES OF INSTRUCTION COMPLETED DURING REPORT PERIOD.

| Name of Course | Location | Length of Course | Date Completed |
|----------------|----------|------------------|----------------|
| None           |          |                  |                |

9. IN WHAT TYPE OF WORK ARE YOU PRIMARILY INTERESTED?

Accounting.  
IF DIFFERENT FROM YOUR PRESENT JOB, EXPLAIN YOUR QUALIFICATIONS (AFFITUDE, KNOWLEDGE, SKILLS).  
  
Two years of Accounting and law school.

10.

9 April 1953

DATE

*James S Woods*

SIGNATURE

*Items 11 through 12 will be completed by Supervisor*

11. BRIEFLY DESCRIBE THIS PERSON'S PERFORMANCE ON THE MAJOR DUTIES LISTED UNDER ITEM 7 ABOVE.

Mr. Woods' performance in this section has been very satisfactory. While still in a trainee position, he is learning the procedure of this section very well. He is extremely industrious and shows little inclination to waste time.

**SECRET**  
SECURITY INFORMATION

|   |
|---|
| <p>12. IN WHAT RESPECT IS THIS PERSON'S PERFORMANCE ON PRESENT JOB MOST NOTICEABLY GOOD OR OUTSTANDING?</p> <p style="text-align: center;">Mr. Woods has been most outstanding by virtue of his industry.</p>   |
| <p>13. ON WHAT ASPECT OF PERFORMANCE SHOULD THIS PERSON CONCENTRATE EFFORT FOR SELF IMPROVEMENT?</p>  |
| <p>14. COMMENT ON THIS PERSON'S ABILITY TO HANDLE GREATER RESPONSIBILITIES NOW OR IN THE FUTURE.</p> <p style="text-align: center;">Mr. Woods has had little opportunity to show his ability, in this line, so far.</p>   |
| <p>15. ARE THERE OTHER DUTIES WHICH BETTER SUIT THIS PERSON'S QUALIFICATIONS? (Recommend appropriate reassignment, if possible.)</p> <p style="text-align: center;">Due to his position as trainee, other duties cannot be considered, but I feel that he is quite capable of filling any number of jobs in RI.</p>   |
| <p>16. WHAT TRAINING OR ROTATION DO YOU RECOMMEND FOR THIS PERSON?</p> <p style="text-align: center;">None at this time.</p>  |
| <p>17. IF PERFORMANCE DURING REPORT PERIOD HAS BEEN UNSATISFACTORY, THERE IS ATTACHED COPY OF MEMORANDUM NOTIFYING THIS PERSON OF UNSATISFACTORY PERFORMANCE.</p>   |
| <p>18. THIS PERSONNEL EVALUATION REPORT HAS BEEN DISCUSSED WITH THE PERSON EVALUATED. ADDITIONAL COMMENTS INCLUDING COMMENT ON ITEMS 7, 8 AND 9, ARE SHOWN BELOW UNDER ITEM 20.</p>   |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>20 April 1953</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">Harry D. Randall</p> <p style="text-align: center;">SIGNATURE OF SUPERVISOR</p> </div> </div>   |
| <p>19. I HAVE REVIEWED THE ABOVE REPORT. (Comments, if any, are shown below.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">20 April 1953</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%; border: 1px solid black; height: 40px; position: relative;"> <div style="position: absolute; top: 5px; right: 5px; font-size: 20px;">→</div> </div> </div> |
| <p>20. COMMENTS: (If necessary, may be continued on reverse side of cover sheet.)</p>   |

**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

| NAME (last)                    | (first) | (middle) | DATE OF BIRTH (month, day, year) | SOCIAL SECURITY NUMBER |    |      |
|--------------------------------|---------|----------|----------------------------------|------------------------|----|------|
| WOODS                          | James   | Sauvie   | FEB 20 1928                      | 502                    | 16 | 6806 |
| EMPLOYING DEPARTMENT OR AGENCY |         |          | LOCATION (City, State, ZIP Code) |                        |    |      |

010032

**3 MARK AN "X" IN ONE OF THE BOXES BELOW. (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

James A. Shanks

DATE

4 MAR 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
OFFICE OF PERSONNEL  
MAR 20 1 47 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM No. 176-7  
JANUARY 1964  
(For use only until April 16 1964)  
176-101



C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

TRAINING REPORT

PERFORMANCE EVALUATION WORKSHOP

Student: James S. Woods      Dates: 23-24 February 1978  
Employee No: 010032      Office: ISS  
Service Designation: D

COURSE OBJECTIVES

At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective FR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TI

[Signature Box]

Instructor

MAR 1978

Date

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

CERTIFICATION OF SEPARATING EMPLOYEE

NAME (Last-First-Middle)

Shoats, James S.

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning separation from CIA as indicated by check mark:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation)  |
| <input checked="" type="checkbox"/> | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).   |
| <input checked="" type="checkbox"/> | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).   |
| <input checked="" type="checkbox"/> | 4. Standard Form 2302 (Application for Refund of Retirement Deductions).   |
| <input checked="" type="checkbox"/> | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>continue to bank</i>  |
| <input checked="" type="checkbox"/> | 6. <u>Only applicable to Retirees - Returnees</u> (resignees from overseas assignment)<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being. |
| <input checked="" type="checkbox"/> | 7. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).   |
| <input checked="" type="checkbox"/> | 8. Instructions for returning to duty from Extended Leave or Active Military Service.  |

Signature of Employee

James S Shoats

Date Signed

Address (Street, City, State, Zip Code)

304 MEADOW HALL DR.  
ROCKVILLE, MD: 20851

Correspondence

OPTIONAL FORM NO. 10

☐ Overt

☐ Confidential

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

**TRAINING REPORT**

**PERFORMANCE EVALUATION WORKSHOP**

Student: James S. Woods      Dates: 23-24 February 1978  
Employee No: 010032      Office: ISS  
Service Designation: D

**COURSE OBJECTIVES**


At the conclusion of this Workshop, students should:

1. Be familiar with the principal parts of the Agency's Personnel Evaluation Program;
2. Understand their roles as supervisors in the Performance Evaluation part of the overall Program;
3. Be better prepared to deal with some of the more troublesome problems encountered in performance evaluation;
4. Know how to prepare more useful Fitness Reports and conduct more effective PR interviews;
5. Understand how the Letter of Instruction relates to the performance evaluation process.

**ACHIEVEMENT RECORD**

This is a certificate of attendance only. No attempt was made to evaluate student achievement in the workshop.

FOR THE DIRECTOR OF TRA

  
Instructor      Date 1978

C-O-N-F-I-D-E-N-T-I-A-L  
(when filled in)

ADMINISTRATIVE - INTERNAL USE ONLY



3 February 1977

MEMORANDUM FOR THE RECORD

FROM : ISS/Training Staff

SUBJECT: Document Analysis II for Records Management Officers

1. Jim Woods -OPF has satisfactorily completed the Document Analysis II Course given for Division and Staff Records Management Officers by ISS Training Officer, [redacted]. Classes were held daily from 0900 to 1230 hours from 29 November through 10 December 1976.

2. The topics covered in the course were records principles and processing procedures used by Data Management Section analysts for initial input of correspondence into the DDO Records System. The students also covered the official files system and indexing criteria as they currently exist and discussed some of the drawbacks and possible systems changes we might expect in the next few years. Periodic exercises were given to test the students comprehension of topics discussed.



ADMINISTRATIVE - INTERNAL USE ONLY

20 JUL 1976

I, the undersigned, authorize the Office of Personnel  
to give to CartBlanche whatever information is necessary  
for me to obtain a credit card.

*James S Woods*  
James S. Woods

*page 1 of 1*  
*7-21-76*

CERTIFICATE OF TRAINING

THIS IS TO CERTIFY THAT

JAMES WOODS


SUCCESSFULLY COMPLETED

SUPERVISORY COUNSELING WORKSHOP

ON

26 - 27 AUGUST 1976

INFORMATION SERVICES GROUP


  
CHIEF, ISG TRAINING

TRAINING REPORT  
OFFICE OF TRAINING

This certifies that James S. Woods has  
successfully completed the Introduction to Micrographics Seminar #2  
which was conducted from 24 July to 25 July 1974.

This seminar provides basic information on microphotography  
and explores the application of this technology in controlling  
overburdened and sometimes inefficient paperwork systems. Specific  
blocks of instruction include: Image Recording Techniques,  
Microfilm Formats, Viewers and Viewer-Printers, Indexing Methods,  
Computer Output Microfilm (COM), Micropublishing, and Development  
and Implementation of Agency Applications. Participants receive  
a portfolio of various samples of microforms, a Glossary of  
Micrographic Terms, and a Primer on Information Science.

FOR THE DIRECTOR OF TRAINING:

  
Course Coordinator

# Final Grade Report

## Grading System:

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Failing Scholarship
- F(a) - Failure Academic
- F(n) - Failure Non-Attendance
- I - Incomplete\*
- WX - Withdrawal during first half of term
- WF - Withdrawal during second half of term
- WF - Withdrawal during second half of term
- X - Emergency withdrawal after withdrawal

## UNIVERSITY OF MARYLAND EUROPEAN DIVISION - UNIVERSITY COLLEGE OFFICE OF THE REGISTRAR

Report of **WOODS, James S.**

Student  
Copy

Term **1**, Acad. Yr. **1971/72** at **Rome**

Center

| COURSE   | Semester Hours | GRADE |
|----------|----------------|-------|
| ITAL 111 | 3              | B     |

Signature of Instructor: **DeSantis**

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to Date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 50 203-45-67

# Final Grade Report

## Grading System:

- A - Superior Scholarship
- B - Good Scholarship
- C - Average Scholarship
- D - Failing Scholarship
- F(a) - Failure Academic
- F(n) - Failure Non-Attendance
- I - Incomplete\*
- WX - Withdrawal during first half of term
- WF - Withdrawal during second half of term
- WF - Withdrawal during second half of term
- X - Emergency withdrawal after withdrawal

## UNIVERSITY OF MARYLAND EUROPEAN DIVISION - UNIVERSITY COLLEGE OFFICE OF THE REGISTRAR

Report of **WOODS, James S.**

Student  
Copy

Term **2**, Acad. Yr. **19 71/72** at **Rome**

Center

| COURSE   | Semester Hours | GRADE |
|----------|----------------|-------|
| ITAL 112 | 3              | B     |

Signature of Instructor: **DeSantis**

\* If Incomplete is to be assigned, student must have attended three-fourths of class meetings. Indicate below remaining work, e.g. final exam, term paper, reports, etc.

Grade to Date \_\_\_\_\_ Deadline date for completion, if established \_\_\_\_\_

The student is responsible for arranging with the instructor for completion of these requirements.

UMR 11 50 203-45-67



Legation of  
(when completed)

TRAINING REPORT

Americans Abroad Orientation -

Japan

16 Hours

20-21 March 1961

6 Students

Students: **WYNN, James B.**

Year of Entry: **1960**

OS Index: **April 1952**

Grades: **GS-9**

Office: **72**

COURSE OBJECTIVES - COURSE OF INSTRUCTION

The course was designed to provide the student with a general understanding of the general area and country of destination. Included was a briefing on "The Americans Abroad problem," its implications for the individual employee or dependent and the Agency, practical advice for successful personal adjustment to foreign surroundings of work and living in the area of assignment, useful information on the area, and guide lines for understanding its major problems. Advice included such as for effective interpersonal relations in the particular country or region. Area information included an analysis of the importance of the mission to the United States and departments of the area, the institutions, and current living conditions. The course offered lectures, panel discussions, films, slides, and other aids for a recommended period of contact. The importance of the course was emphasized by the fact that the course was held in the area of assignment.

This is a brief outline of the course. A more detailed outline is available in the area of assignment.

20 April 1961

20 April 1961

/s/ **WILLIAM E. COLVER**

100-100000  
(When Completed)

U. S. DEPARTMENT OF STATE

Japan

16 Form Good Orientation 20-21 March 1961

6

From: Woods, Louise (Dependant, James R.)

Student:

Year of Birth:

Grades:

Office:

Office:

U. S. DEPARTMENT OF STATE

This course is designed to provide students with a general orientation to the area and country of assignment. Included are a briefing on "The Americans Abroad problem," its implications for the individual employee or dependent and the family, practical advice for successful personal adjustment to everyday problems of working and living in the area of assignment, useful information on the area, and prime lines for understanding the major problems. Advice is included on effective interpersonal relations in the particular country or area. Area information includes an outline of the framework of the nation to the United States and description of the people, the institutions, and current living conditions. The course offers lectures, panel discussions, films, slide presentations, and selected readings for a general overview of the area. Students are encouraged to ask questions and to participate in the course.

This is a course of attendance only. No credit is given for this course.

26 April 1961

/s/ James R. Woods

3-E-C-R-E-T

WRITING WORKSHOP (INTERMEDIATE) NO. 2

TRAINING EVALUATION

| SECTION I: IDENTIFIED INFORMATION   |                        |  |                             |
|---|------------------------|--|-----------------------------|
| NAME<br>WOODS, James B.   | SEX<br>M               | DATES OF COURSE<br>26 October - 19 November 1959 | NO. OF STUDENTS<br>17       |
| DATE OF BIRTH<br>20 February 1928   | EOB DATE<br>April 1952 | GRADE OR RANK<br>GS-9                            | OFFICE<br>FR/Administration |
| PROJECTED ASSIGNMENT OR PRESENT POSITION<br>Records Officer                           |                        |  |                             |
| SECTION II: OBJECTIVE OF THE COURSE   |                        |  |                             |
| To stimulate habits of thoughtful, self-critical writing for intelligence production. |                        |  |                             |

SECTION III: TECHNICAL CHARACTERIZATION OF THE COURSE

The class is conducted for 10 to 15 students. It meets for nine three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainees receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

3-E-C-R-E-T

00000  
S-E-C-R-E-T

---

SECTION V: REPORT OF STUDENT ACHIEVEMENT

---

Mr. Woods added to the good improvement in mechanics of expression he had achieved in the Basic Writing Workshop. He has now developed the ability to write smooth, compact, and readable sentences. He also learned to organize topics more effectively, and with further writing experience, he can develop the ability to write analytical papers of a professional caliber.

*John F. Farrell*  
Chief Instructor

S-E-C-R-E-T

S-E-C-R-E-T

WRITING WORKSHOP (BASIC) NO. 2

TRAINING EVALUATION

| SECTION I: IDENTIFYING INFORMATION  |                               |   |                                    |
|---|-------------------------------|---|------------------------------------|
| NAME<br><b>WOODS, James S.</b>  | SEX<br><b>M</b>               | DATES OF COURSE<br><b>21 Sept. - 15 Oct. 1959</b> | NO. OF STUDENTS<br><b>13</b>       |
| DATE OF BIRTH<br><b>20 February 1928</b>  | EOD DATE<br><b>April 1952</b> | GRADE OR RANK<br><b>GS-9</b>                      | OFFICE<br><b>FE/Administration</b> |
| PROJECTED ASSIGNMENT OR PRESENT POSITION<br><b>Records Officer</b>                    |                               |   |                                    |
| SECTION II: OBJECTIVE OF THE COURSE   |                               |   |                                    |
| To stimulate habits of thoughtful, self-critical writing for intelligence production. |                               |   |                                    |

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The class is conducted for ten to fifteen students. It meets for about three-hour morning sessions over a period of four weeks. There are three sessions during the first week and two thereafter for three weeks. The course is run on the "learn by practice" system. A number of writing tests are given in class, and they are evaluated against national and Agency norms. The trainees also prepare written exercises and have an opportunity to rewrite some of them during later sessions. Students may use the form and substance of their own office's written product. Special attention is paid to logical organization, diction, sentence structure and other mechanics of writing. The trainers receive detailed comments on their papers and are encouraged to discuss special writing problems with the staff.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Staff members observe the student's writing ability, any change demonstrated, and application to the course material. The evaluation represents their agreed comments based on the student's total performance.

S-E-C-R-E-T

3-6-C-R-5-7

---

SECTION V: REPORT OF STUDENT ACHIEVEMENT

---

Mr. Woods considerably improved the clarity of his writing during the course, by reducing sentence errors and roundabout phrasing. His written papers reflected his gains in knowledge of basic rules of English usage. His achievement in the Writing Workshop (Basic) shows that Mr. Woods can develop good writing skills, and that he and the Agency would benefit if he took the Writing Workshop (Intermediate).



3-6-C-R-5-7

S-1-C-P-E-T

## TRAINING EVALUATION

## ADMINISTRATIVE SUPPORT COURSE # 2

| SECTION I: IDENTIFYING INFORMATION   |                           |                                     |  |
|--|---------------------------|-------------------------------------|--|
| NAME<br>Woods, James S.  | SEX<br>M                  | DATES OF COURSE<br>10 - 28 May 1954 | NO. OF STUDENTS<br>1st week-49<br>2nd & 3rd weeks-44 |
| DATE OF BIRTH<br>21 February 1928  | FOB DATE<br>21 April 1952 | GRADE OR RANK<br>GS-5               | OFFICE<br>FE/FI                                      |
| PROJECTED ASSIGNMENT OR PRESENT POSITION<br>Registry Analyst   |                           |                                     |  |
| SECTION II: OBJECTIVES   |                           |                                     |  |
| The objectives of this course are to provide the student with (1) an understanding of the inter-relationships between operating functions and administrative support functions; (2) an understanding of some of the basic principles and techniques of Agency operations and the organization and functions of the various clandestine components; (3) a knowledge of procedures, regulations, and problem peculiar to Logistics, Finance, and other areas of administrative support.  |                           |                                     |  |
| SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE  |                           |                                     |  |
| One week of the course is devoted to lectures in the area described in category 1 on reverse of this page. The material in categories 2 and 3 is presented both by lecture and by practical exercises during the remaining two weeks of the course. Categories 4 through 9 are concerned with the application of knowledge of Agency organization, structure, procedures and regulations in practical situations.  |                           |                                     |  |
| SECTION IV: STUDENT PERFORMANCE  |                           |                                     |  |
| The instructor has had many students in this course. The following are the results of the students' performance in the course with no allowance made for differences in age, education, experience, etc. These ratings are defined as follows:   |                           |                                     |  |
| <p><b>EXCELLENT:</b> The student indicated exceptional ability or proficiency in meeting this goal or objective; he demonstrated an unusually thorough knowledge of the material presented.</p> <p><b>SATISFACTORY:</b> The student met this objective in a competent and effective manner; he demonstrated a good grasp and understanding of the material presented.</p> <p><b>UNSATISFACTORY:</b> The student did not achieve this goal or objective; the student's performance indicated a serious lack of knowledge concerning material presented.</p> |                           |                                     |  |
| S-1-C-P-E-T  |                           |                                     |  |

S-E-C-R-E-T

| MAJOR CATEGORIES  | ORAL | WRIT | REPRESENT |
|---|------|------|-----------|
| 1. Orientation in basic principles of clandestine activity.   | 2    | 30   | 17        |
| 2. Knowledge of clandestine services command structure and organization.  | 5    | 14   | 25        |
| 3. Knowledge of Agency and clandestine services regulations and administrative procedures.  | 2    | 28   | 14        |
| 4. (A) Preparation of advance form; travel voucher (DOMESTIC) and entertainment reimbursement (DOMESTIC).   | 0    | 17   | 1         |
| (B) Preparation of travel voucher (FOREIGN) including computation of per diem and currency conversion.  | 1    | 15   | 28        |
| 5. Preparation of Station Finance Reports.  | 3    | 5    | 6         |
| 6. Preparation of forms used in a detached station for property records; knowledge of responsibility for property at the station.                   | 2    | 30   | 22        |
| 7. Preparation of form required for project presentation to the Project Review Committee.   | 1    | 30   | 13        |
| 8. Preparation of cable form used at Headquarters setting message from material given, with use of accepted digits, punctuation, and abbreviations. | 1    | 33   | 4         |
| 9. Preparation of Headquarters and Field dispatch form and Field pouch manifest.  | 0    | 24   | 10        |

## SECTION VI: COMMENTS

Comments, especially on habits and characteristics, with particular reference to strong or weak points of the individual or anything that might have influenced his performance in the course.

FOR THE DIRECTOR OF TRAINING:



S-E-C-R-E-T



S E C R E T

TRAINING EVALUATION

| SECTION I: IDENTIFYING INFORMATION   |                     |                       |  |                           |                        |     |
|--|---------------------|-----------------------|--|---------------------------|------------------------|-----|
| Name<br>Woods, James S.  |                     | Sex<br>M              | Course and Beginning Date<br>PHASE I - ORIENTATION/9 - 19 April 54 |                           |                        |     |
| Date of Birth<br>23 February 1928  | E O D<br>April 1952 | Grade or Rank<br>GS-5 | Office<br>FE/PI  |                           |                        |     |
| Projected Assignment or Present Position<br>Registry Analyst   |                     |                       |  |                           |                        |     |
| <p>This evaluation is based on a course of 120 hours given over a period of 3 weeks in which there were 89 students. The length of the course, number of students, nature of the course, skills and knowledge taught, and the opportunity for observing the individual student determine which sections of this report are used. These facts must also be considered in interpreting the evaluations which, therefore, should not be used as the sole basis for personnel decisions. THIS REPORT IS INTENDED PRIMARILY TO FURNISH INFORMATION AS TO HOW WELL THE STUDENT LEARNED THE SUBJECT MATTER OR SKILLS TAUGHT. In addition, observations of interest and importance are reported which can have significance only as they are related to other information. Unless otherwise stated, performance is evaluated in terms of standards set by instructors or in relation to the performance of others who have taken the course. For further information, consult the Training Evaluation Branch, Assessment and Evaluation Staff, Office of Training.</p> |                     |                       |  |                           |                        |     |
| SECTION II: KNOWLEDGE  |                     |                       |  |                           |                        |     |
| Subject  | Hrs                 | Rating                |  |                           |                        |     |
|  |                     | Fail                  | Poor   | Sat                       | Exc                    | Sup |
| Introduction to Intelligence   | 80                  | 5                     | 12   | 26*                       | 34                     | 12  |
| Communism and the U S S R  | 40                  | 5                     | 17   | 35*                       | 31                     | 7   |
| <p>The numbers show how many students received each rating. An asterisk (*) shows the rating this student received.</p>  |                     |                       |  |                           |                        |     |
| SECTION III: SKILLS  |                     |                       |  |                           |                        |     |
| <p>The 'Course Instruction' column contains scores and/or ratings given by the instructional staff for skills which are specifically intended to be outcomes of the course. The 'Observation' column contains ratings by instructors and/or students concerning skills which have been observed for every student in a class but which have not been the subject of intensive instruction or practice.</p>   |                     |                       |  |                           |                        |     |
| Skill  | Hrs.                | Course Instruction    |  | Observation               |                        |     |
|  |                     | Objective Score       | Rating or Evaluation   | Av. Rating by Instructors | Av. Rating by Students |     |
|  |                     |                       |  |                           |                        |     |

| SECTION IV: OBSERVATIONS of ATTITUDES or OTHER PERSONAL CHARACTERISTICS   |                          |  |   |     |    |
|---|--------------------------|--|---|-----|----|
| <i>During the course incidents were observed which suggested that this person:</i>  |                          |  |   |     |    |
| Had difficulty in getting along with others.  | Yes                      | No   | Lacked motivation for an Agency career.   | Yes | No |
|   |                          | X  | Lacked sufficient security-mindedness.  |     | X  |
| Interfered with instructional and classroom activities.   |                          | X  | Lacked interest in the course.  |     | X  |
| Explanations of any 'Yes' answers to items above. Frequency of occurrence and number of persons observing these attitudes or characteristics are included.  |                          |  |   |     |    |
|   |                          |  |   |     |    |
| SECTION V: COMMENTS   |                          |  |   |     |    |
| Comments, especially on habits or characteristics, with particular reference to strong and weak points of the individual, or anything that may have influenced his performance in the course are reported here.   |                          |  |   |     |    |
|   |                          |  |   |     |    |
| <i>Edward D. M. [Signature]</i><br>Chief-Instructor   |                          |  |   |     |    |
| SECTION VI: ADJUSTED OVER-ALL EVALUATION  |                          |  |   |     |    |
| <b>FOR OPTIONAL USE BY INSTRUCTORS</b><br>In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an 'X' in one of boxes shows the instructor's judgment of his performance in the course. |                          |  | <b>FOR OPTIONAL USE BY TRAINING OFFICERS</b><br>This evaluation, shown by an 'X' in one of the boxes, takes into account this training record, the student's age, grade, age in experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential. |     |    |
| He was inadequate in his performance.   | <input type="checkbox"/> | <input type="checkbox"/> This is an inadequate performance.  |   |     |    |
| He was barely adequate in his performance and performed acceptably only in a limited range of assignments.  | <input type="checkbox"/> | <input type="checkbox"/> This is a barely adequate performance and raises questions concerning his suitability for his assignment.         |   |     |    |
| He performed acceptably, but was barely adequate in some respects.  | <input type="checkbox"/> | <input type="checkbox"/> This is an acceptable performance but discloses possible areas of weakness.                                       |   |     |    |
| He was a typically effective student who performed in a competent, dependable manner.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> This is a satisfactory performance revealing a typically competent person.                             |   |     |    |
| He performed at a high level of competence.   | <input type="checkbox"/> | <input type="checkbox"/> This performance reveals a high level of competence.  |   |     |    |
| He performed at an extremely high level that only a few students have surpassed.  | <input type="checkbox"/> | <input type="checkbox"/> This is an extremely competent performance that only a few persons of his background and position have surpassed. |   |     |    |
| Training Officer's Comments   |                          |  |   |     |    |
|   |                          |  |   |     |    |
| <i>[Signature]</i><br>Training Officer  |                          |  |   |     |    |

SECRET

15

MEMORANDUM FOR: Chairman, Clandestine Service Personnel Staff

SUBJECT: James S. WOODS - Recommendation for Promotion

1. Subject has been in grade GS-10 since June 1968. Based on his outstanding performance as Chief of Registry in the Rome Station since June 30, 1971, he strongly merits promotion to grade GS-11 at this time. When Subject took over the responsibility for Registry a year ago, he found a system glutted with paper and bound up by a policy which discouraged getting rid of it. He found many procedures in force which were out of date, if not obsolete, and proposed streamlined procedures, which were adopted, to replace them. He asked for and was given the responsibility to analyze and distribute the cables, which had previously been a function of the Chief of Station's secretary. He recommended the discontinuance of the abstract system, which proposal had been adopted by most elements of the Station. He recommended a reduction in the retention period for cable and dispatch chronos. With the help of a TDY team here for the first half of CY 1972, he devised and instituted a program of purging the files. This program has resulted in the disposition of most of the departed Soviet files, a severe trimming of the true name files, and the review, reduction and up-dating of the project and operational files. All of this work was accompanied by appropriate name checks, entries on the index cards and selection of pertinent documents for transmittal to Headquarters. In summary, Subject performed a thorough "house-cleaning" of Station records in the full meaning of that phrase. This program is by no means finished. In fact, Subject has plans for continuing efforts along these lines which may exceed his tenure at this Station since he intends to return to Headquarters not later than May 1974. The on-going program includes a review and reorganization of the subject files, the encrypted 201's and the disposition (hopefully) of about 50 feet of microfilm. A corollary to these projects will be a significant reduction in the index cards, which at present lead to the microfilm and to other superfluous material we either have or will destroy.

2. The equally important aspect of records management, namely the introduction of procedures to lessen the likelihood

WARNING NOTICE  
SENSITIVE INFORMATION SOURCES  
AND METHODS INVOLVED

SECRET

|  |         |
|--|---------|
| CLASSIFIED BY                                      | 6296-44 |
| EXCLUDED FROM AUTOMATIC DECLASSIFICATION           |         |
| SCHEDULE FOR REVIEW AND DECLASSIFICATION CATEGORY: |         |
| 5 (unless, in whole or in part, covered by more)   |         |
| A. DATE OF REVIEW AND DECLASSIFICATION ON          |         |
| PP-212   |         |
| (unless impossible, insert date of event)          |         |

SECRET

-2-

if not prevent the reoccurrence of this pile-up of paper is not lost on this officer. He constantly thinks in terms of procedures and controls to accomplish this end.

3. Subject is dedicated, highly motivated, conscientious, and hard working. He reports to work each day an hour before the Station opens in order to distribute the cables by opening of business. He never hesitates to respond positively to any request for help. Indeed, he solicits work which he believes can be done more easily or more simply in his unit. In all respects, Subject is a trained, professional records management officer who is thoughtful as well as enthusiastic about his work.

4. It is strongly recommended that Subject be promoted to grade GS-11.

*Archibald B. Roosevelt*

Archibald B. Roosevelt, Jr.  
Chief, European Division

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(When filled in)

## RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRR 25.7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

## GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
 WOODS, JAMES SAVVIE 502 16 6806

1. MARITAL STATUS (Check one)  
 SINGLE ☐ MARRIED ☒ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED ☐  
 IF MARRIED, PLACE OF MARRIAGE  
 Washington, D.C. DATE OF MARRIAGE  
 6 Aug 60  
 IF DIVORCED, PLACE OF DIVORCE DECREE  
 DATE OF DECREE

## MEMBERS OF FAMILY

2. NAME OF SPOUSE ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.  
 LOUISE ANNE 452 COLLEGE PKWY FOLK 24-0163  
 DATE OF BIRTH  
 220/2/71

NAME OF FATHER (or male guardian) ADDRESS  
 ROSS A. WOODS - DECEASED  
 NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian) ADDRESS TELEPHONE NO.  
 SUSAN A. WOODS FOREST RIVER, N. DAK.

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

MOTHER & SISTER (husband is emergency contact person)

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST ONE OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HRR 22.14). SPECIFY NAMES AND RELATIONSHIP.

NAME DATE OF BIRTH RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr. Mrs. Miss) (Last-First-Middle) RELATIONSHIP  
 FIALKA, RICHARD BROTHER-IN-LAW  
 HOME ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE HOME TELEPHONE NUMBER  
 521 HAMLINE ST. GRAND FORK, N. DAK. 701-775-4472  
 BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE A TITING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

UNION TRUST CO. OF D.C.  
 DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If "No" explain why in item 6.)

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

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(When Filled In)

|   |  |                                   |
|---|--|-----------------------------------|
| <b>5. VOLUNTARY ENTRIES</b>   |  |                                   |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> |  |                                   |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p>  |  |                                   |
| <p align="center">UNION TRUST CO. OF D.C.</p>   |  |                                   |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO</p>  |  |                                   |
| <p>IF YES, DO YOU HAVE A JOINT ACCOUNT?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO</p>   |  |                                   |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>   |  |                                   |
| <p align="center">UNION TRUST CO. OF D.C.</p>   |  |                                   |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?    <input checked="" type="checkbox"/> YES    <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>   |  |                                   |
| <p align="center">IN THE WILL</p>   |  |                                   |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY?    <input type="checkbox"/> YES    <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>   |  |                                   |
| <p><b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b></p>   |  |                                   |
| <p><b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b><br/>(No Approval Required)</p>   |  |                                   |
| <p>RESIDENCE WHEN EMPLOYED (Full Address):</p>  | <p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p> |                                   |
|   |  |                                   |
| <p><b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3)</b><br/>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</p>   |  |                                   |
| <p>FULL ADDRESS</p>   | <p>DEPUTY DIRECTOR OR DESIGNEE</p>                                       | <p>DATE</p>                       |
|   |  |                                   |
| <p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>  | <p>DATE</p>  |                                   |
|   |  |                                   |
| <p>SIGNED AT</p>  | <p>DATE</p>  | <p>SIGNATURE</p>                  |
| <p align="center">Hgo</p>   | <p align="center">9 Nov 71</p>   | <p align="center">[Signature]</p> |

**CONFIDENTIAL**

**SECRET**  
(When Filled In)

| REPORT OF SERVICE ABROAD   |       |         |               |       |       |   |  |              |  |               |  |
|--|-------|---------|---------------|-------|-------|---|--|--------------|--|---------------|--|
| TO: Office of Personnel, Transactions and Records Branch, Status Section   |       |         |               |       |       |   |  |              |  |               |  |
| SERIAL NO.   |       | NAME    |               |       |       |   |  |              |  |               |  |
|  |       | LAST    |               | FIRST |       |   |  | MIDDLE       |  |               |  |
| 1-6  |       | (Print) |               | 7-24  |       |   |  |              |  |               |  |
| 010032   |       | WOODS   |               | JAMES |       |   |  | S            |  |               |  |
| INSTRUCTIONS   |       |         |               |       |       |   |  |              |  |               |  |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED. |       |         |               |       |       |   |  |              |  |               |  |
| PCS DATES OF SERVICE   |       |         |               |       |       |   |  |              |  |               |  |
| ARRIVAL O/S  |       |         | DEPARTURE O/S |       |       | TYPE OF DATA  |  | O/P USE ONLY |  | COUNTRY       |  |
| MONTH  | DAY   | YEAR    | MONTH         | DAY   | YEAR  |   |  |              |  |               |  |
| 25-26  | 27-28 | 29-30   | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION                         |  | 37 38 39     |  | CODE<br>40-42 |  |
|  |       |         | 11            | 18    | 70    |   |  |              |  | ENGLAND 210   |  |
| TDY DATES OF SERVICE   |       |         |               |       |       |   |  |              |  |               |  |
| ARRIVAL O/S  |       |         | DEPARTURE O/S |       |       | TYPE OF DATA  |  | O/P USE ONLY |  | AREAS         |  |
| MONTH  | DAY   | YEAR    | MONTH         | DAY   | YEAR  |   |  |              |  |               |  |
| 25-26  | 27-28 | 29-30   | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>3 - CORRECTION<br>4 - CANCELLATION                         |  | 37 38 39     |  | CODE<br>40-42 |  |
|  |       |         |               |       |       |   |  |              |  |               |  |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA  |       |         |               |       |       |   |  |              |  |               |  |
| SOURCE DOCUMENT AND CERTIFICATION  |       |         |               |       |       |   |  |              |  |               |  |
| TRAVEL VOUCHER   |       |         |               |       |       | DISPATCH  |  |              |  |               |  |
| CABLE  |       |         |               |       |       | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |  |              |  |               |  |
| OTHER (Specify)  |       |         |               |       |       |   |  |              |  |               |  |
| DOCUMENT IDENTIFICATION NO.  |       |         |               |       |       | DOCUMENT DATE/PERIOD  |  |              |  |               |  |
| REMARKS  |       |         |               |       |       |   |  |              |  |               |  |
| PREPARED BY  |       |         |               |       |       | REPORT SUBMITTED ON   |  |              |  |               |  |
| C & L DIVISION, CTR.   |       |         |               |       |       | CONTROL DOCUMENT  |  |              |  |               |  |
| C & T DIVISION   |       |         |               |       |       | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED                |  |              |  |               |  |
| DATE 11/5/71   |       |         |               |       |       | SIGNATURE   |  |              |  |               |  |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER  |       |         |               |       |       |   |  |              |  |               |  |

30 June 1970

MEMORANDUM FOR: Chief, European Division  
FROM : Chief of Station, London  
SUBJECT : Promotion Recommendation -  
James S. Woods

Subject, who has been in grade as a GS-10 just two years, has been Chief of the Registry of the London Station for eighteen months. Subject, fresh from a Saigon assignment, brought with him a broad and varied background of field experience (Far East) and several Headquarters' assignments. He has been in one or another aspect of records management work since he started with us as a very junior clerk in 1952.

Subject's fitness reports, since he has been in London, testify to the high regard in which he is held by the Station and the excellent results he has managed to achieve. When he arrived at the Station, the start had been made on a file reduction program but an enormous amount of organized work remained to be done. Subject set about it with great enthusiasm and a high degree of professional organization. As a result, the Registry inventory today is the leanest and the most efficient the Station has seen for many a long day, if ever before. To a great extent this can be laid at Subject's own door and he personally did much of the work. At the same time, Subject surveyed and reorganized the overall workload of the Registry and was finally able to recommend to the Station management a reduction of one Registry clerk. The smaller staff was certainly required a more intensive work effort on the part of Registry personnel, which has been attained without any loss of morale; in fact, quite the reverse.

Subject, therefore, emerges as a records management officer who has thoroughly learned his business and a hard-driving, sympathetic and successful supervisor. In the opinion of the Station management, Subject is already quite capable of taking over broader and more senior responsibilities in the records management field. In this respect, however, we do not believe he will be wasting his time in London by spending, as he currently plans to do, an additional year here on the completion of his tour in November. The London Registry, reflecting the multi-faceted work of the Station, is sufficiently complex an operation to warrant



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Subject's continued attention.

In view of his really excellent performance and high promise, it is strongly recommended that Subject be promoted to GS-11.

/s/ Bronson Tweedy  
COS

~~SECRET~~  
(When Filled In)

| REPORT OF SERVICE ABROAD   |       |         |                    |       |       |   |  |        |              |    |         |                   |
|--|-------|---------|--------------------|-------|-------|---|--|--------|--------------|----|---------|-------------------|
| TO: Office of Personnel, Transactions and Records Branch, Status Section   |       |         |                    |       |       |   |  |        |              |    |         |                   |
| SERIAL NO.   |       | NAME    |                    |       |       |   |  |        |              |    |         |                   |
|  |       | LAST    |                    | FIRST |       |   |  | MIDDLE |              |    |         |                   |
| 1-6  |       | (Print) |                    | FOR   |       |   |  | 5      |              |    |         |                   |
| 010032   |       | KOPPS   |                    | JAMES |       |   |  | 5      |              |    |         |                   |
| INSTRUCTIONS   |       |         |                    |       |       |   |  |        |              |    |         |                   |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED. |       |         |                    |       |       |   |  |        |              |    |         |                   |
| PCS DATES OF SERVICE   |       |         |                    |       |       |   |  |        |              |    |         |                   |
| ARRIVAL O/S  |       |         | DEPARTURE O/S      |       |       | TYPE OF DATA  |  |        | O/P USE ONLY |    | COUNTRY |                   |
| MONTH  | DAY   | YEAR    | MONTH              | DAY   | YEAR  | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION           |  |        | CODE         | 37 | 38 39   | CODE              |
| 25-26  | 27-28 | 29-30   | 31-32              | 33-34 | 35-36 |   |  |        | 40-42        |    |         |                   |
| 11   | 18    | 68      |                    |       |       |   |  |        | 1            |    |         | L.H.C. / H.W. 210 |
| TDY DATES OF SERVICE   |       |         |                    |       |       |   |  |        |              |    |         |                   |
| ARRIVAL O/S  |       |         | DEPARTURE O/S      |       |       | TYPE OF DATA  |  |        | O/P USE ONLY |    | AREA(S) |                   |
| MONTH  | DAY   | YEAR    | MONTH              | DAY   | YEAR  | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION           |  |        | CODE         | 37 | 38 39   | CODE              |
| 25-26  | 27-28 | 29-30   | 31-32              | 33-34 | 35-36 |   |  |        | 40-42        |    |         |                   |
|  |       |         |                    |       |       |   |  |        |              |    |         |                   |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA  |       |         |                    |       |       |   |  |        |              |    |         |                   |
| SOURCE DOCUMENT AND CERTIFICATION  |       |         |                    |       |       |   |  |        |              |    |         |                   |
| TRAVEL VOUCHER   |       |         |                    |       |       | DEPARTURE   |  |        |              |    |         |                   |
| CABLE  |       |         |                    |       |       | STATUS OF TIME AND ATTENDANCE REPORT                            |  |        |              |    |         |                   |
| OTHER (Specify)  |       |         |                    |       |       |   |  |        |              |    |         |                   |
| DOCUMENT IDENTIFICATION NO.  |       |         |                    |       |       | DOCUMENT DATE PERIOD  |  |        |              |    |         |                   |
|  |       |         |                    |       |       | 1-18-68   |  |        |              |    |         |                   |
| REMARKS  |       |         |                    |       |       |   |  |        |              |    |         |                   |
|  |       |         |                    |       |       |   |  |        |              |    |         |                   |
| PREPARED BY  |       |         | REPORT APPROVED BY |       |       | REPORT DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |  |        |              |    |         |                   |
| REC  |       |         | DATE               |       |       | 895:03000   |  |        |              |    |         |                   |
| C & A DIVISION, 2-80.  |       |         | DATE               |       |       | 895:03000   |  |        |              |    |         |                   |
| X C & A DIVISION   |       |         | DATE               |       |       | 895:03000   |  |        |              |    |         |                   |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER   |       |         |                    |       |       |   |  |        |              |    |         |                   |

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(When Filled In)

IMPORTANT

Central Processing Branch has been charged with responsibility (OM 20-6-  
dated October 1961) for ensuring that all employees processing PCS to the  
field have reviewed the field version of the Employee Conduct Handbook. You  
will not be checked out for your proposed travel until you sign the following  
statement and return it to CPB. Your Personnel Officer can provide you with a  
copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I heroby acknowledge that I have read and understand the contents of  
Field Handbook 20-4, Employee Conduct, dated 30 July 1962.

James A. Woods 15 NOV 68  
Signature Date

JAMES A. WOODS

CONFIDENTIAL  
(When Filled In)

**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.    | NAME              |               |        |
|---------------|-------------------|---------------|--------|
|               | LAST              | FIRST         | MIDDLE |
| 1-6<br>010032 | (Print)<br>Woods, | 3-44<br>James | S.     |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39        | Vietnam | 40-42 |
|             |       |       | 10            | 03    | 68    |   | 1    |              |         | 7/10  |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38 39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|                |   |
|----------------|---|
| TRAVEL VOUCHER | DISPATCH                                  |
| CABLE          | DUTY STATUS OR TIME AND ATTENDANCE REPORT |

OTHER (Specify) Telephone

|  |  |
|--|--|
| DOCUMENT IDENTIFICATION NO.<br><u>FVST 31976</u> | DOCUMENT DATE/PERIOD<br><u>10/3/68</u> |
|--|--|

REMARKS

|                      |   |   |
|----------------------|---|---|
| PREPARED BY<br>WCO   | REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| C & L DIVISION, CTR. | DATE<br><u>10/5/68</u>                  | SIGNATURE<br><u>R. L. Lee</u>                                     |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

*Page 1*

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6  
010032

(Print)

7-38

*Ward*

*James*

*S.*

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37 38 39     |         | 40-42 |
| 01          | 1     | 467   |               |       |       |   | 1            | Vietnam | 772   |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P USE ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39     |         | 40-42 |
|             |       |       |               |       |       |   |              |         |       |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|                 |   |
|-----------------|---|
| TRAVEL VOUCHER  | DISPATCH                                  |
| CABLE           | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |   |

|                                    |                      |
|------------------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO.<br>764 | DOCUMENT DATE/PERIOD |
|------------------------------------|----------------------|

REMARKS

|                       |                    |  |
|-----------------------|--------------------|--|
| PREPARED BY           | REPORT APPROVED BY | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| CCO                   | CONTROL DOCUMENT   |  |
| C & L DIVISION, CYBER | DATE               | SIGNATURE  |
| C & T DIVISION        | 5/22/01            | <i>L. H. Hovey</i>   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

CONFIDENTIAL  
(When Filled In)

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

James S. Woods  
Signature

JAMES S. WOODS

28 NOV 66  
Date

CONFIDENTIAL  
(When Filled In)

SECRET  
(When Filled In)

19 December 1966


MEMORANDUM FOR: Mr. James S. Woods

THROUGH : Head of CS Career Service

SUBJECT : Notification of Designation as a Participant  
in the CIA Retirement and Disability System

1. I have determined that you meet the criteria outlined in HR 20-50 for designation as a participant in the CIA Retirement and Disability System. Your designation as a participant was made effective 18 December 1966.

2. You are hereby notified of your right to appeal this action to the Director of Central Intelligence as specified in HR 20-50. Such appeal must be received in the Office of the Director not later than 30 calendar days from the date of this memorandum.

  
Emmett D. Echols  
Director of Personnel

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

| EMPLOYEE SERIAL NO.<br><br>1-6 | NAME OF EMPLOYEE |       |        | OFFICE/COMPONENT<br><br>29-36 |
|--------------------------------|------------------|-------|--------|-------------------------------|
|                                | LAST<br>(Print)  | FIRST | MIDDLE |                               |
| 010032                         | Woods            | James | S      | 45                            |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

#### PCS DATES OF SERVICE

| TYPE OF DATA<br><br>1. PCS (Basic)<br>3. CORRECTION<br>5. CANCELLATION | CODE | ARRIVAL |       |       | DEPARTURE |       |       | COUNTRY | OMIT<br><br>40-42 |
|--|------|---------|-------|-------|-----------|-------|-------|---------|-------------------|
|  |      | MONTH   | DAY   | YEAR  | MONTH     | DAY   | YEAR  |         |                   |
|  |      | 27      | 28-29 | 30-31 | 32-33     | 34-35 | 36-37 |         |                   |
|  | 1    | 04      | 24    | 61    | 09        | 24    | 66    | Japan   | 375               |

#### TDY DATES OF SERVICE

| TYPE OF DATA<br><br>2. TDY (Basic)<br>4. CORRECTION<br>5. CANCELLATION | CODE | DEPARTURE |       |       | RETURN |       |       | AREA(S) | OMIT<br><br>40-42 |
|--|------|-----------|-------|-------|--------|-------|-------|---------|-------------------|
|  |      | MONTH     | DAY   | YEAR  | MONTH  | DAY   | YEAR  |         |                   |
|  |      | 27        | 28-29 | 30-31 | 32-33  | 34-35 | 36-37 |         |                   |
|  |      |           |       |       |        |       |       |         |                   |

#### SOURCE OF RECORD DOCUMENT

|  |   |
|--|---|
| <input type="checkbox"/> TRAVEL VOUCHER  | <input type="checkbox"/> VISIT CARD   |
| <input type="checkbox"/> CABLE           | <input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) |   |

|                             |  |
|-----------------------------|--|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD<br>5/28 - 9/24/66 |
|-----------------------------|--|

|         |
|---------|
| REMARKS |
|         |

|  |   |   |
|--|---|---|
| PREPARED BY  | <input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| <input checked="" type="checkbox"/> C & L DIVISION | DATE<br>10/17/66  | SIGNATURE<br>Donald B. [unclear]                              |
| <input checked="" type="checkbox"/> C & T DIVISION |   |   |



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 2 Years from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:



James S. Woods  
(Employee)

James Savie Woods

Date: 28 Nov 66

SECRET

23 MAR 1966

MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of  
Quality Step Increase -  
James S. Woods

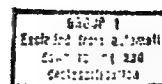
1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. As this award is designed to encourage excellence by recognizing and rewarding the employee, may I ask that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

  
Emmett D. Echols

Director of Personnel

SECRET




~~SECRET~~

29 MAR 1966

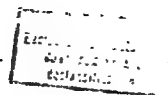
MEMORANDUM FOR: Mr. James S. Woods  
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such a recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Services.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

  
Desmond Fitzgerald  
Deputy Director for Plans

~~SECRET~~



**SECRET**

CP-257

4 MAR 1956

**MEMORANDUM FOR:** Deputy Director for Plans  
**ATTENTION:** DDP/OP  
**SUBJECT:** Request for Quality Step Increase  
for Mr. James S. Woods, GS-09

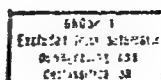
1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Mr. James S. Woods.

2. Mr. Woods entered on duty with the Agency in April 1952 as a GS-03 Records and File Clerk assigned to RID. Since that time Mr. Woods has served as a Records Analyst at Headquarters, [redacted] Manila, and since 1961 in the Central Registry Section of the Tokyo Station. Mr. Woods is 37 years old and has been in grade as a GS-09 since 1958.

3. Mr. Woods' exceptional performance is described by the Tokyo Station as follows:

"A. Mr. Woods is now on his second tour as Chief of the Tokyo Station Registry. This unit is located at [redacted] and handles all correspondence for all Station elements. In view of the fact that the Station is located [redacted] a great deal of responsibility is given to Mr. Woods to ensure that action responsibility on incoming cables is rapidly and properly assigned, dispatches are correctly routed and processed, correspondence from other local military agencies is correctly analyzed and routed, the twice-a-day courier system is functioning effectively, and the Station flexewriter is rapidly churning out priority dispatch traffic.

"B. The Registry is presently composed of six employees in addition to Mr. Woods, who is Chief of this unit. Mr. Woods does an exemplary job in supervising these employees with the result that the Station Registry is a smooth and well-functioning unit.

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SECRET

"C. In addition to his normal duties, Mr. Woods is constantly thinking of ways to increase the efficiency of the Station Registry, and to be of greater assistance to the Station as a whole. Several of his ideas have been adopted by the Station with a resulting increase in effectiveness. His positive approach to all problems and his cheerfulness and willingness to perform any task have benefited both the Station and the Agency.

"D. In view of Mr. Woods' demonstrated ability to provide leadership to the Station Registry unit, his positive approach to the solution of the many problems which daily beset this unit, it is strongly recommended that he be promoted from GS-09 to GS-10 at the earliest opportunity."

4. Mr. Woods has continued to perform in an over-all "Strong" manner as indicated in his recent fitness report. He recently planned and effectively implemented the move of the Cable Secretariat from one location to another. In a dispatch, dated 22 November 1965, the present Chief of Station, Tokyo, stated, "There is little I can add to my predecessor's recommendation, dated 9 November 1964, for promotion of Mr. Woods. He is performing his duties as Chief of the Tokyo Station Registry with efficiency and dispatch. He is a strong supervisor who constantly strives to achieve the maximum economy in the use of his personnel and materials."

5. Consideration has been given to the granting of an Honor and Merit Award to Mr. Woods, but in this particular case it appears that a Quality Step Increase is more appropriate.

  
William E. Colby  
Chief, Far East Division

APPROVAL RECOMMENDED:

  
Secretary, CS Panel Section C

MAR 11  
1966

MAR 11  
1966

Date

SECRET

SECRET

**SUBJECT:** Request for Quality Step Increase  
for Mr. James S. Woods, GS-09

**CONCUR:**



DLP/OP

15 March 66  
Date

**APPROVED:**

*for* John J. Caldwell  
Director of Personnel

18 Mar '66  
Date

SECRET

**SECRET**  
(When Filled In)

### VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

| EMPLOYEE SERIAL NO.<br>1-6 | NAME OF EMPLOYEE |               |        | OFFICE/COMPONENT<br>20-28 |
|----------------------------|------------------|---------------|--------|---------------------------|
|                            | LAST<br>(Print)  | FIRST<br>7-24 | MIDDLE |                           |
| 10032                      | Woods,           | James S.      |        | 56                        |

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

## PCS DATES OF SERVICE

| TYPE OF DATA     | CODE | ARRIVAL |       |       | DEPARTURE |       |       | COUNTRY | OMIT  |
|------------------|------|---------|-------|-------|-----------|-------|-------|---------|-------|
|                  |      | MONTH   | DAY   | YEAR  | MONTH     | DAY   | YEAR  |         |       |
| 1 - PCS (Basic)  | 27   | 28-29   | 30-31 | 32-33 | 34-35     | 36-37 | 38-39 | JAPAN   | 40-42 |
| 3 - CORRECTION   |      |         |       |       |           |       |       |         |       |
| 9 - CANCELLATION | 1    | 04      | 15    | 61    |           |       |       |         | 375   |

## TDY DATES OF SERVICE

| TYPE OF DATA     | CODE | DEPARTURE |       |       | RETURN |       |       | AREA(S) | OMIT |
|------------------|------|-----------|-------|-------|--------|-------|-------|---------|------|
|                  |      | MONTH     | DAY   | YEAR  | MONTH  | DAY   | YEAR  |         |      |
| 2 - TDY (Basic)  | 27   | 28-29     | 30-31 | 32-33 | 34-35  | 36-37 | 38-39 | 40-42   |      |
| 4 - CORRECTION   |      |           |       |       |        |       |       |         |      |
| 6 - CANCELLATION |      |           |       |       |        |       |       |         |      |

## SOURCE OF RECORD DOCUMENT

|  |   |
|--|---|
| <input type="checkbox"/> TRAVEL VOUCHER  | <input type="checkbox"/> DISPATCH   |
| <input type="checkbox"/> CABLE           | <input checked="" type="checkbox"/> DUTY STATUS UP-TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify) |   |

|                             |                      |
|-----------------------------|----------------------|
| DOCUMENT IDENTIFICATION NO. | DOCUMENT DATE/PERIOD |
|                             | 30 MAR - 15 APR 1961 |

REMARKS

|  |  |
|--|--|
|  |  |
|--|--|

|                  |                                     |   |
|------------------|-------------------------------------|---|
| PREPARED BY      | REPORT ANNOTATED ON SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| FISCAL DIVISION  | DATE                                | SIGNATURE   |
| FINANCE DIVISION | 26 JUNE 1961                        | [Signature]   |

| Standard Form No. 2800<br>OCTOBER 1, 1959 P.M.<br>GSA GEN. REG. NO. 27   |  | HEALTH BENEFITS REGISTRATION FORM<br>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959<br>(Read the back of last page. Use only typewriter or ballpoint pen.) |                  |   | CARRIER'S CONTROL NO.<br><b>073-38</b> |  |            |
|--|--|---|------------------|---|--|--|------------|
| PART A<br>ALL WHO<br>REGISTER<br>MUST FILL<br>IN THIS<br>PART.   | 1. NAME (LAST)   | (FIRST)   | (MIDDLE INITIAL) | 2. DATE OF BIRTH  |  | 3. Are you now married?<br><br>YES <input checked="" type="checkbox"/> <b>1</b><br>NO <input type="checkbox"/> <b>19</b> |            |
|  | WOODS James S  |   |                  | BIRTH MONTH   | BIRTH DAY                              |  | BIRTH YEAR |
|  |  |   |                  | 2   | 21                                     |  | 23         |
| PART B<br>FILL IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL IN A<br>HEALTH BENEFITS<br>PLAN.  | 4. YOUR MARITAL ADDRESS (NUMBER AND STREET)  |   |                  | (CITY AND ZONE NUMBER)  |  | 5. SEX<br>MALE <input checked="" type="checkbox"/> <b>1</b><br>FEMALE <input type="checkbox"/> <b>1</b>                  |            |
|  | ALCO 425   |   |                  | San Francisco, Calif.   |  |  |            |
|  | 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 through the enrollment of another United States or District of Columbia Government employee or annuitant?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |                  | 7. Place an "X" in proper box to show your annual basic salary range.<br><br>UNDER \$4,000 <input type="checkbox"/> <b>1</b> \$4,000 TO \$5,999 <input type="checkbox"/> <b>1</b> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> <b>3</b> \$10,000 OR OVER <input type="checkbox"/> <b>4</b>  |  |  |            |
| PART C<br>FILL IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL IN A<br>HEALTH BENEFITS<br>PLAN.  | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)  |   |                  | 2. Plan on "X" in proper box to show your annual basic salary range.  |  |  |            |
|  | NAME OF PLAN<br><b>Association Benefits Plan - Family</b>  |   |                  | OPTIONAL PLAN OR PLAN<br><b>High</b>  |  | ENROLLMENT CODE NUMBER<br><b>4 2 2</b>   |            |
|  | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) |   |                  |   |  |  |            |
| NAMES OF FAMILY MEMBERS  |  | DATE OF BIRTH (Month, Day, Year)  |                  | NAMES OF FAMILY MEMBERS   |  | DATE OF BIRTH (Month, Day, Year)   |            |
| Wife or Husband <b>Louise A.</b>   |  | <b>8 May 37</b> <input type="checkbox"/> <b>1</b>   |                  |   |  | <input type="checkbox"/> <b>6</b>  |            |
|  |  | <input type="checkbox"/> <b>2</b>   |                  |   |  | <input type="checkbox"/> <b>7</b>  |            |
|  |  | <input type="checkbox"/> <b>3</b>   |                  |   |  | <input type="checkbox"/> <b>8</b>  |            |
|  |  | <input type="checkbox"/> <b>4</b>   |                  |   |  | <input type="checkbox"/> <b>9</b>  |            |
|  |  | <input type="checkbox"/> <b>5</b>   |                  |   |  | <input type="checkbox"/> <b>10</b>   |            |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than two years? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>1</b> |  |   |                  |   |  |  |            |
| PART D<br>FILL IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL OR IF<br>YOU WISH TO<br>CANCEL YOUR<br>ENROLLMENT.  | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.   |   |                  |   |  |  |            |
|  | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>   |   |                  | 3. The reason for my election is (Place an "X" in proper box).<br>(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> <b>1</b><br>(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> <b>2</b><br>(c) Any other reason. <input type="checkbox"/> <b>3</b> |  |  |            |
|  | 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>   |   |                  |   |  |  |            |
| PART E<br>FILL IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL OR IF<br>YOU WISH TO<br>CHANGE YOUR<br>ENROLLMENT.  | I elect to change my enrollment as shown by the enrollment number and other information in item 8.   |   |                  |   |  |  |            |
|  | 1. Enrollment code number of present plan.   |   |                  | 2. Date of event which permits change. (See table on back of application for proper number.)  |  |  |            |
|  | <b>4 2 5</b>   |   |                  | <b>March 22 1964</b>  |  |  |            |
| PART F<br>TO BE<br>COMPLETED<br>BY<br>AGENCY.  | 1. NAME AND ADDRESS OF EMPLOYER  |   |                  | 2. DATE RECEIVED BY EMPLOYER'S OFFICE   |  | 3. EFFECTIVE DATE OF ELECTION  |            |
|  | <b>HEALTH BENEFITS OFFICER (Signature)</b>   |   |                  | <b>3-1-64</b>   |  | <b>3-15-64</b>   |            |
|  | 4. PAYROLL OFFICE NO.  |   |                  | 5. PAYROLL ACTION (INITIALS AND DATE)   |  |  |            |
| REMARKS<br>FOR USE ONLY BY ANNUITANTS AND AGENCY.  |  |   |                  |   |  |  |            |



**SECRET**  
(When Filled In)

|  |  |                  |                                     |               |   |   |       |                  |             |      |      |
|--|--|------------------|-------------------------------------|---------------|---|---|-------|------------------|-------------|------|------|
| <div style="float: left; font-size: 2em; margin-right: 10px;">19</div> <b>VERIFIED RECORD OF OVERSEAS SERVICE</b>  |  |                  |                                     |               |   |   |       |                  |             |      |      |
| <b>TO:</b> Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall  |  |                  |                                     |               |   |   |       |                  |             |      |      |
| EMPLOYEE SERIAL NO.  |  | NAME OF EMPLOYEE |                                     |               |   |   |       | OFFICE/COMPONENT |             |      |      |
| 1-6  |  | LAST             |                                     | FIRST         |   | MIDDLE  |       | 25-26            |             |      |      |
| 100321   |  | (Print)<br>Woods |                                     | 7-24<br>Janos |   | S.  |       | 57               |             |      |      |
| INSTRUCTIONS   |  |                  |                                     |               |   |   |       |                  |             |      |      |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. |  |                  |                                     |               |   |   |       |                  |             |      |      |
| PCS DATES OF SERVICE   |  |                  |                                     |               |   |   |       |                  |             |      |      |
| TYPE OF DATA   |  | ARRIVAL          |                                     | DEPARTURE     |   |   |       | COUNTRY          |             | OMIT |      |
| 1 - PCS (Basic)  |  | CODE             | MONTH                               | DAY           | YEAR                                      | MONTH   | DAY   | YEAR             | 40-42       |      |      |
| 3 - CORRECTION   |  | 27               | 28-29                               | 30-31         | 32-33                                     | 34-35   | 36-37 | 38-39            | Philippines |      |      |
| 5 - CANCELLATION   |  | 1                |                                     |               |   | 03  | 19    | 59               | 575         |      |      |
| TDY DATES OF SERVICE   |  |                  |                                     |               |   |   |       |                  |             |      |      |
| TYPE OF DATA   |  | DEPARTURE        |                                     |               |   | RETURN  |       |                  | AREA(S)     |      | OMIT |
| 2 - TDY (Basic)  |  | CODE             | MONTH                               | DAY           | YEAR                                      | MONTH   | DAY   | YEAR             | 40-42       |      |      |
| 4 - CORRECTION   |  | 27               | 28-29                               | 30-31         | 32-33                                     | 34-35   | 36-37 | 38-39            |             |      |      |
| 6 - CANCELLATION   |  |                  |                                     |               |   |   |       |                  |             |      |      |
| SOURCE OF RECORD DOCUMENT  |  |                  |                                     |               |   |   |       |                  |             |      |      |
| <input checked="" type="checkbox"/> TRAVEL VOUCHER   |  |                  |                                     |               | DISPATCH                                  |   |       |                  |             |      |      |
| CABLE  |  |                  |                                     |               | DUTY STATUS OR TIME AND ATTENDANCE REPORT |   |       |                  |             |      |      |
| OTHER (Specify)  |  |                  |                                     |               |   |   |       |                  |             |      |      |
| DOCUMENT IDENTIFICATION NO.  |  |                  |                                     |               | DOCUMENT DATE/PERIOD                      |   |       |                  |             |      |      |
| REMARKS  |  |                  |                                     |               |   |   |       |                  |             |      |      |
| PREPARED BY  |  |                  | REPORT ANNOTATED ON SOURCE DOCUMENT |               |   | ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |       |                  |             |      |      |
| FISCAL DIVISION  |  |                  | DATE                                |               |   | SIGNATURE   |       |                  |             |      |      |
| FINANCE DIVISION   |  |                  |                                     |               |   |   |       |                  |             |      |      |

Standard Form No. 2079  
CHAPTER I-5 FPMR  
5 GAO 5-05

**HEALTH BENEFITS REGISTRATION FOR 1961**  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959  
(Trans on back of last page. Use only typewriter or ball point pen.)

CARRIER'S CONTROL NO.  
**082697**

| <b>PART A</b><br>ALL WHO REGISTER MUST FILL IN THIS PART.   | 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)<br><b>W. J. Smith</b>   |                         | 2. DATE OF BIRTH (The numbers)<br>MONTH DAY YEAR<br><b>11 15 1921</b>  |  | 3. Are you now married?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|-------------------------|--|--|--|-------------------------|----------------------------------|-------------------------|----------------------------------|------------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | 4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)<br><b>1111 1st St. N.W. Washington, D.C. 20004</b>   |                         |  | 5. SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                         | 7. Place an "X" in proper box to show your annual basic salary range.<br>UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART B</b><br>FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.<br><br>If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.<br><br>THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.   | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | NAME OF PLAN<br><b>General Services Administration Health Plan</b>  |                         | OPTION (HIGH OR LOW)<br><b>Low</b>   |  | ENROLLMENT CODE NUMBER<br><b>1 2 5</b>   |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)  |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <table border="1"><thead><tr><th>NAMES OF FAMILY MEMBERS</th><th>DATE OF BIRTH (Month, Day, Year)</th><th>NAMES OF FAMILY MEMBERS</th><th>DATE OF BIRTH (Month, Day, Year)</th></tr></thead><tbody><tr><td>Wife or Husband <b>W. J. Smith</b></td><td><b>11/15/21</b></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>                                    |                         |  |  |  | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | Wife or Husband <b>W. J. Smith</b> | <b>11/15/21</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAMES OF FAMILY MEMBERS   | DATE OF BIRTH (Month, Day, Year)  | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year)   |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wife or Husband <b>W. J. Smith</b>  | <b>11/15/21</b>   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART C</b><br>FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.  | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.  |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Place an "X" in proper box):<br>(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> (c) Any other reason. <input checked="" type="checkbox"/> |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART D</b><br>FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.   | I elect to change my enrollment as shown by the enrollment number and other information in Part B.  |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 1. Enrollment code number of present plan.<br><b>4 2 2</b>  |                         | 2. Number of event which permits change. (See table on back of duplicate for proper number.)<br><b>7</b>   |  | 3. Date of event which permits change.<br>MONTH DAY YEAR<br><b>MAR 31 1961</b>   |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART E</b><br>ALL WHO REGISTER MUST FILL IN THIS PART.   | SIGNATURE (Typed name and date)<br><b>W. J. Smith 17 APR 61</b>   |                         |  |  | WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.) |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 1. NAME AND ADDRESS OF EMPLOYING OFFICE   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART F</b><br>TO BE COMPLETED BY AGENCY.   | 2. DATE RECEIVED IN EMPLOYING OFFICE<br><b>3/27/61</b>  |                         |  |  | 3. EFFECTIVE DATE OF ELECTION<br><b>4/16/61</b>  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 4. PAYROLL OFFICE NO.   |                         |  |  | 5. PAYROLL ACTION (INITIALS AND DATE)  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| REMARKS<br>FEDERAL EMPLOYEES HEALTH BENEFITS ACT<br><b>FE 110032</b><br><b>X-1579</b>   |   |                         |  |  |  |                         |                                  |                         |                                  |                                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Triplicate—To Employing Office

APRIL 1961

CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of Twenty-four months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

James S. Woods  
(Employee)  
James S. Woods

Date: 21 Feb. 1961

| Standard Form No. 2809<br>CHAPTER I - F.P.M.<br>6 (Rev. 1-50)   |  | HEALTH BENEFITS REGISTRATION FOR 1 2362   |  | CAREER'S (UNITED NO)<br>000000          |  |
|---|--|---|--|---|--|
| (Read instructions on back of last page. Use only typewriter or ballpoint pen.)   |  |   |  |   |  |
| <b>PART A</b><br>ALL WHO<br>REGISTER<br>MUST FILE<br>IN THIS<br>PART.   | 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)<br>Woods Thomas S  |   | 2. DATE OF BIRTH (Use numbers)<br>MONTH DAY YEAR<br>2 5 28   |   | 3. Are you now married?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|   | 4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)<br>1400 Woodland Drive VA   |   | 5. SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>   |   |  |
|   | 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   | 7. Place an "X" in proper box to show your annual basic salary range.<br>UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input type="checkbox"/> \$6,000 TO \$9,999 <input checked="" type="checkbox"/> \$10,000 OR OVER <input type="checkbox"/> |   |  |
| <b>PART B</b><br>FILE IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL IN A<br>HEALTH BENEFITS<br>PLAN.<br><br>If enrollment<br>is for self only,<br>answer item 1.<br>If enrollment<br>is for self and<br>family, also<br>answer item 2<br>and item 3 if<br>it applies.<br><br>THIS PART MUST<br>ALSO BE FILLED<br>IN IF YOU<br>CHANGE YOUR<br>ENROLLMENT.                              | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)  |   |  |   |  |
|   | NAME OF PLAN<br>Federal Employees Health Benefits Plan   |   | OPTION (HIGH OR LOW)<br>1  |   | ENROLLMENT CODE NUMBER<br>4 2 1 2  |
|   | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) |   |  |   |  |
|   | NAMES OF FAMILY MEMBERS  |   | DATE OF BIRTH (Month, Day, Year)   | NAMES OF FAMILY MEMBERS                 |  |
| Wife or Husband   |  | 1   |  |   | 1  |
|   |  | 2   |  |   | 2  |
|   |  | 3   |  |   | 3  |
|   |  | 4   |  |   | 4  |
|   |  | 5   |  |   | 5  |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                          |  |   |  |   |  |
| <b>PART C</b><br>FILE IN THIS<br>PART IF YOU<br>WISH NOT TO<br>ENROLL OR IF<br>YOU WISH TO<br>CHANGE YOUR<br>ENROLLMENT.  | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3  |   |  |   |  |
|   | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>   |   |  |   |  |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>  |  |   |  |   |  |
| 3. The reason for my election is (Place an "X" in proper box)<br>(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1<br>(b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2<br>(c) Any other reason. <input type="checkbox"/> 3 |  |   |  |   |  |
| <b>PART D</b><br>FILE IN THIS<br>PART IF YOU<br>WISH TO<br>CHANGE YOUR<br>ENROLLMENT.   | I elect to change my enrollment as shown by the enrollment number and other information in Part B  |   |  |   |  |
|   | 1. Enrollment code number of present plan.<br>4 2 1  | 2. Number of event which permits change (See table on back of booklet for proper number)<br>2 | 3. Date of event which permits change<br>MONTH DAY YEAR<br>AUG 6 1960  |   |  |
| <b>PART E</b><br>ALL WHO<br>REGISTER<br>MUST FILE<br>IN THIS PART.  | WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)   |   |  |   |  |
|   | Signature of Registrant: Thomas S. Woods   |   |  |   |  |
| <b>PART F</b><br>TO BE<br>COMPLETED<br>BY<br>AGENCY.  | 1. NAME AND ADDRESS OF EMPLOYING OFFICE<br>J. L. Rochette<br>HEALTH BENEFITS OFFICER   |   | 2. DATE RECEIVED BY EMPLOYING OFFICE<br>8/11/60  | 3. EFFECTIVE DATE OF ELECTION<br>8/1/60 | 4. PAYROLL OFFICE NO.  |
|   |  |   | 5. PAYROLL ACTION (INITIALS AND DATE)  |   |  |
| REMARKS<br>FOR USE ONLY BY AGENCY AND AGENCY.   |  |   |  |   |  |

Triplicate — to Employing Office

APRIL 1950



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Empty box for witness signature]

James S. Woods  
(Employee)  
James S. Woods  
e: 23 Aug 57

CONFIDENTIAL

29 November 1956

JAMES S. Woods

[ ] Station wishes to express its appreciation to [ ] for his most diligent performance of duty during his recent TDY here, his highly cooperative attitude and above all, his extreme eagerness to get a job done well and expeditiously.

It was largely with his help that [ ] Station was able to screen and process the voluminous material which needed to be handled in order to establish a coordinated and integrated record and file maintenance system.

All [ ] Station personnel connected with the work of the TSI Team members were impressed and gratified by the eagerness with which they assisted with details and helped with problems that were outside the responsibilities of their assigned task. Their pleasant manner, apt suggestions, their excellent cooperation and untiring efforts to complete more than the initially estimated workload, all created a most favorable impression which reflects much credit not only on the team members themselves but on the Records Integration Branch as well.



CONFIDENTIAL

CONFIDENTIAL  
(When Filled In)

144 Bell Hall  
Wash. Branch  
10-3

|  |                                     |  |               |   |                                      |
|--|-------------------------------------|--|---------------|---|--------------------------------------|
| 1. NAME (Last) <i>Woods</i>  |                                     | (First) <i>JAMES</i>   |               | (Middle) <i>S.</i>                            | 2. THIS DATE<br><i>6 August 1952</i> |
| 3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME   |                                     |  |               |   |                                      |
| <input checked="" type="checkbox"/> WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WAEPA)  |                                     | <input checked="" type="checkbox"/> SICK DISEASES  |               |   |                                      |
| <input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)   |                                     | <input checked="" type="checkbox"/> INCOME REPLACEMENT   |               |   |                                      |
| <input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHAMA - HOSPITALIZATION  |                                     | * CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIED FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS. |               |   |                                      |
| <input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)   |                                     |  |               |   |                                      |
| <input checked="" type="checkbox"/> AIR TRIP INSURANCE   |                                     |  |               |   |                                      |
| 4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)  |                                     |  |               |   |                                      |
| <i>WDC - Tokyo - WASH - TDY</i>  |                                     |  |               |   |                                      |
| 5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAMS LISTED BELOW.  |                                     |  |               | SIGNATURE OF EMPLOYEE<br><i>James S Woods</i> |                                      |
| TYPE OF POLICY   | DESIRED                             | NOW HAVE   | POLICY NUMBER | DEDUCTIONS AUTHORIZED EACH PAY PERIOD         | CASH PAID                            |
| <i>AIR TRIP FLIGHT</i>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>  | <i>2017</i>   |   | <i>4.00</i>                          |
|  |                                     |  |               |   |                                      |
|  |                                     |  |               |   |                                      |
|  |                                     |  |               |   |                                      |
| 6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS   |                                     |  |               | SIGNATURE OF EMPLOYEE                         |                                      |
| 7. EMPLOYEE INTERVIEWED BY   |                                     | CPD (Signature)<br><i>W. Patton</i>  |               | LTC (Signature)                               |                                      |
| 8. REMARKS   |                                     |  |               |   |                                      |
| When completed, the original of this form should be forwarded to T&RB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPD for retention in CPD files. |                                     |  |               |   |                                      |

INSURANCE QUESTIONNAIRE



CENTRAL INTELLIGENCE AGENCY

2430 E STREET NW.

WASHINGTON 25, D. C.

Date 23 July 1954

Dear James S. Woods

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 25 April 1954.

Position: I.O.

Base Salary: GS-5 \$3535.00

2. You will be:

a. Entitled to annual and sick leave in accordance with Civil Service Commission rules and regulations, or such other provisions of law or regulations as may be established in lieu thereof.

b. Reimbursed for travel expenses in accordance with CIA Regulations or Standardized Government Travel Regulations, as amended.

c. If stationed outside continental United States, granted such monetary allowances as are prescribed by CIA Regulations.

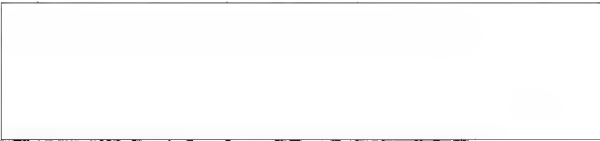
3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, unless otherwise specified in advance by CIA, you will be required to remain at the post to which assigned for a period of 24 months from the date of arrival thereat, unless sooner transferred, reassigned or separated for reasons beyond your control. If you wish to return to the United States for personal reasons during that period, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.

4. If this employment is for assignment to an overseas post, it is understood and agreed that, unless earlier separated for reasons beyond your control, you will remain in Government service for 12 months after your arrival at your first overseas post, and if you violate this agreement, any money expended by the United States on account of your travel and the transportation of your immediate family and household goods will be considered a debt due to the United States.

5. Employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of six months from date of employment. In the event

either training or performance of duty is deemed unsatisfactory by CIA, you will be offered other types of employment, if available, or your employment will be terminated.

6. Your appointment is for such time as your services may be required and funds are available for the work of CIA. Notice of termination will be given you by procedure similar to that provided by Civil Service rules and regulations.

  
Official authorized to sign letters of appointment.

I accept the above agreement as a condition of my employment by CIA.

James S. Hoade  
Employee

23 July 54  
Date

2200

PE-1

Wing E 15° 2.40m

## INSURANCE QUESTIONNAIRE

Page 1

1. NAME (Last) Woods (First) James (Middle) S 2. THIS DATE 10 June 54

3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME:  
☐ WAR AGENCIES EMPLOYEES PROTECTIVE ASSOCIATION (WARPA) ☐ MUTUAL BENEFIT OF OMaha  
☒ NI GROUP HOSPITALIZATION INCORPORATED ☒ AIR TRIP INSURANCE

4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance):  
Lvg Wash. 2 July 54 To Minneapolis, Seattle, & Tokyo

5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE FOLLOWING INSURANCE PROGRAMS:

| TYPE OF POLICY | DESIRED                             | NOW HAVE | POLICY NUMBER | DEDUCTIONS AUTHORIZED EACH PAY PERIOD | CASH PAID |
|----------------|-------------------------------------|----------|---------------|---------------------------------------|-----------|
| WAFERA         | <input checked="" type="checkbox"/> |          | #2574         | P/R - \$8.33-9/14/54                  | \$27.25   |
| Air Trip Ins   | <input checked="" type="checkbox"/> |          | 28354         |                                       | \$4.00    |
|                |                                     |          |               |                                       |           |
|                |                                     |          |               |                                       |           |
|                |                                     |          |               |                                       |           |

James S Woods  
SIGNATURE

6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS:

SIGNATURE

7. EMPLOYEE INTERVIEWED BY:

CPB: E. J. Jeter  
SIGNATURE

ISCB: Carla S. Smith  
SIGNATURE

8. REMARKS:

When completed, the original of this form should be forwarded to T&B for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

C.I.A.

(Department or agency)

Washington, D.C.

(Bureau or division)

(Place of employment)

I, James S. Woods, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

April 21, 1952  
(Date of entrance on duty)

James S. Woods  
(Signature of appointee)

Subscribed and sworn before me this 21st day of April, A. D. 1952,

at Washington  
(City)

D.C.

[SEAL]

(Signature of officer)

U.S.C. 16816A  
(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
**3505 Mission Ave. S.E. Washington 19, D.C.**

2. (A) DATE OF BIRTH **Feb. 20, 1928** (B) PLACE OF BIRTH (city or town and State or country) **Forest River, N. Dak.**

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY **Mr. Ross A. Thode** (B) RELATIONSHIP **Father** (C) STREET AND NUMBER, CITY AND STATE **Forest River, N. Dak.** (D) TELEPHONE NO. **-**

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST SIX MONTHS? ☒ YES ☐ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

| NAME                      | POST OFFICE ADDRESS (Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP  | MARRIED (Check one)                 | SINGLE                   |
|---------------------------|--|--|---------------|-------------------------------------|--------------------------|
| <b>Miss Marilyn Thode</b> | <b>3143 W 18th St. Denver, Col.</b>              | <b>clerk</b><br><b>Temporary</b><br><b>U. S. F.</b>                          | <b>sister</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                           |  |  |               |                                     |                          |
|                           |  |  |               |                                     |                          |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN  |                                     | YES                                 | NO | ITEM NO. | 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS<br>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY |
|--|-------------------------------------|-------------------------------------|----|----------|--|
| 5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |    |          |  |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br>If your answer is "Yes", give details in Item 10.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |          |  |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |          |  |
| 8. SINCE YOU FILED APPLICATION FOR THIS APPOINTMENT HAVE YOU BEEN DISCHARGED, OR FORFEITED YOUR RIGHTS FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY EMPLOYMENT?<br>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason for such case.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |          |  |
| 9. HAVE YOU EVER BEEN ARRESTED FOR TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$10 OR LESS OR FOR FELONY COLLATERAL OF \$5 OR LESS? SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?<br>If your answer is "Yes", list each case under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any; or other disposition of the case. If appointed, your fingerprints will be taken. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |    |          |  |

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before issuing the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be checked by the appointing officer, penman, suitability to position with any record of criminal record or arrest, and particularly for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and photograph are to be compared with the appointing officer's other personal papers. If the appointee qualified in a written examination, the signature on this form should be compared with the signature on the examination sheet, which was placed in the examination room. If the appointee's signature may be checked against the medical certificate. The appointing officer also has questioned his personal history for agreement with his previous statements.

(2) **Age**—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Citizenship**—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and Regulations and (2) the Civil Service Act. He must constitute an affidavit for both persons and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family**—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members of family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

| STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE   |                |       |      |        | OFFICE<br>OSO |                                  |               | DIVISION<br>RL |         |       |   |   |
|--|----------------|-------|------|--------|---------------|----------------------------------|---------------|----------------|---------|-------|---|---|
| NAME (Last)  |                | First |      | Middle |               | BRANCH                           |               |                | SECTION |       |   |   |
| Woods  |                | JAMES |      | SHUYIE |               | Personnel & Records              |               |                | File    |       |   |   |
| I. FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)   |                |       |      |        |               |                                  |               |                |         |       |   |   |
| AGENCY   | LOCATION       | FROM  |      |        | TO            |                                  |               | TOTAL SERVICE  |         |       |   |   |
|  |                | DA.   | MO.  | YR.    | DA.           | MO.                              | YR.           | DA.            | MO.     | YR.   |   |   |
| C.I.A.   | April 27, 1952 | 21    | 4    | 1952   |               |                                  |               |                |         |       |   |   |
| Treasury Dept  | 15 4 2 Penn    | 7     | 11   | 1951   | 22            | 4                                | 1952          | 18             | 5       |       |   |   |
| Treasury Dept.   | 15 4 2 Penn    | 17    | 5    | 1950   | 17            | 9                                | 1950          | 1              | 17      |       |   |   |
| <p>SEP 11/12/48<br/>verified<br/>10/23/57<br/>JLR</p>  |                |       |      |        |               |                                  |               |                |         |       |   |   |
| Total Civilian Service   |                |       |      |        |               |                                  |               |                |         | 18    | 9 | - |
| II. MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)  |                |       |      |        |               |                                  |               |                |         |       |   |   |
| BRANCH OF SERVICE  | FROM           |       |      | TO     |               |                                  | TOTAL SERVICE |                |         |       |   |   |
|  | DA.            | MO.   | YR.  | DA.    | MO.           | YR.                              | DA.           | MO.            | YR.     |       |   |   |
| Army   | 3              | 10    | 1946 | 12     | 4             | 1948                             | 10            | 8              | 1       |       |   |   |
| Army   | 19             | 10    | 1950 | 7      | 8             | 1951                             | 15            | 7              |         |       |   |   |
| Total Military Service   |                |       |      |        |               |                                  |               |                |         | 9     | 5 | 2 |
| III. CERTIFICATION   |                |       |      |        |               |                                  |               |                |         |       |   |   |
| <p>OWNER (or affirm)<br/>I hereby <del>XXXXXX</del> that the above Civilian and Military service is complete and accurate to the best of my knowledge.</p> <p>April 21, 1952 <span style="float: right;">James S. Woods</span><br/>DATE <span style="float: right;">SIGNATURE OF EMPLOYEE</span></p> |                |       |      |        |               |                                  |               |                |         |       |   |   |
| IV. REMARKS: (CONCERNING ABOVE SERVICE)  |                |       |      |        |               | V. FOR PERSONNEL OFFICE USE ONLY |               |                |         |       |   |   |
| <p>505C/6016-2<br/>JED 12-8-48<br/>as of 21 April 1952</p> <p>MAY BE CONTINUED ON NON-DELETABLE REVERSE SIDE</p>   |                |       |      |        |               | TOTAL CREDITABLE SERVICE         |               |                |         |       |   |   |
|  |                |       |      |        |               | DAYS                             |               | MONTHS         |         | YEARS |   |   |
|  |                |       |      |        |               | 25                               |               | 1              |         | 3     |   |   |

**PERSONNEL QUALIFICATION QUESTIONNAIRE**

**SECRET**

SECURITY INFORMATION

|   |  |  |
|---|--|--|
| 1. Serial No.<br>(no entry)   | 2. NAME: (last) (first) (middle)<br><b>WOODS JAMES SAUVIE</b>  | 3. Office<br><b>RI/FI</b>                |
| 4. Date of Birth<br><b>Feb. 20, 1928</b>  | 5. Sex: <input checked="" type="checkbox"/> male (1) <input type="checkbox"/> female (2)<br>Marital Status: <b>Single</b><br>Nr. Dependents: <b>0</b>  | 6. Employment Date:<br><b>April 1952</b> |
| 7. Citizenship:<br><input checked="" type="checkbox"/> U.S.<br><input type="checkbox"/> Other | 8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization<br>(4) <input type="checkbox"/> Other (specify)<br>Year U.S. citizenship acquired, if not by birth |  |

**SEC. I. EDUCATION**

1. Extent: (circle one)

- |  |  |                   |
|--|--|-------------------|
| 1. Less than high school                         | <input checked="" type="radio"/> 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate                          | 5. Over two years, no degree                                   | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | 6. Bachelor degree   |                   |
|  | 7. Post-graduate study (minimum 8 sem. hrs.)                   |                   |

2. College or University Study:

| Name and location of College or University            | Major             | Minor      | Dates att'd          |               | Yrs Compl |       | Degree Recd              |                | Sem Hrs |
|---|-------------------|------------|----------------------|---------------|-----------|-------|--------------------------|----------------|---------|
|   |                   |            | From                 | To            | Day       | Night | Title                    | Date           |         |
| <b>Waters Business School - Grand Forks N. Dakota</b> | <b>Accounting</b> | <b>Law</b> | <b>Oct 48</b>        | <b>Feb 50</b> |           |       | <b>Junior Accounting</b> | <b>Diploma</b> |         |
| <b>Strayer College - Washington D.C.</b>              | <b>Accounting</b> | <b>Law</b> | <b>Now attending</b> |               |           |       |                          |                |         |

3. Trade, Commercial, and Specialized Training:

| School | Attendance Dates |    |           | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
|        | From             | To | Tot. mo's |                         |
|        |                  |    |           |                         |
|        |                  |    |           |                         |

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

| School | Attendance Dates |    |           | Study or Specialization |
|--------|------------------|----|-----------|-------------------------|
|        | From             | To | Tot. mo's |                         |
|        |                  |    |           |                         |
|        |                  |    |           |                         |
|        |                  |    |           |                         |

# SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

|   |  |
|---|--|
| From <u>April 52</u> To <u>Nov 54</u> Tot. mos. <u>7</u>    | Description of Duties:   |
| Grade <u>GS-4</u> Salary <u>3175</u> yr                     | <u>Supervise the changing of the folders from folders to single documents.</u> |
| Office <u>RI/FI</u>   | <u>Automated documents for Pol</u>   |
| Position  | <u>Do requests and other general office duties.</u>                            |
| Title: <u>CHERK</u>   |  |
| Duty Title: <u>General Office Work</u>                      | Duty Station, if overseas:   |
| From <u>      </u> To <u>      </u> Tot. mos. <u>      </u> | Description of Duties:   |
| Grade <u>      </u> Salary <u>      </u>                    |  |
| Office <u>      </u>  |  |
| Position <u>      </u>                                      |  |
| Title: <u>      </u>  |  |
| Duty Title: <u>      </u>                                   | Duty Station, if overseas:   |
| From <u>      </u> To <u>      </u> Tot. mos. <u>      </u> | Description of Duties:   |
| Grade <u>      </u> Salary <u>      </u>                    |  |
| Office <u>      </u>  |  |
| Position <u>      </u>                                      |  |
| Title: <u>      </u>  |  |
| Duty Title: <u>      </u>                                   | Duty Station, if overseas:   |
| From <u>      </u> To <u>      </u> Tot. mos. <u>      </u> | Description of Duties:   |
| Grade <u>      </u> Salary <u>      </u>                    |  |
| Office <u>      </u>  |  |
| Position <u>      </u>                                      |  |
| Title: <u>      </u>  |  |
| Duty Title: <u>      </u>                                   | Duty Station, if overseas:   |
| From <u>      </u> To <u>      </u> Tot. mos. <u>      </u> | Description of Duties:   |
| Grade <u>      </u> Salary <u>      </u>                    |  |
| Office <u>      </u>  |  |
| Position <u>      </u>                                      |  |
| Title: <u>      </u>  |  |
| Duty Title: <u>      </u>                                   | Duty Station, if overseas:   |



SEC. II. WORK EXPERIENCE (CONT'D.)

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

|  |   |
|--|---|
| From <u>Jan 52</u> To <u>Jan 54</u> Tot. mo's <u>4</u><br>Classification Grade (if in Federal Service) <u>GS-3</u> Salary <u>2950</u><br>Number and Class of Employees Supervised:<br>Employer <u>Treasury Dept.</u><br>Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u> | Exact Title of your position <u>Fiscal Accounting Clerk</u><br>Description of Duties: <u>Working with Mexican Claims</u>  |
| From <u>May 50</u> To <u>Jan 54</u> Tot. mo's <u>7</u><br>Classification Grade (if in Federal Service) <u>GS-2</u> Salary <u>2150</u><br>Number and Class of Employees Supervised:<br>Employer <u>Treasury Dept.</u><br>Kind of Business or organization (i.e., paper products mfr, public utility) <u>Div. of Investments</u> | Exact Title of your position <u>Fiscal Accounting Clerk</u><br>Description of Duties: <u>verified checks for correct names, addresses and money.</u><br><u>Other (3 months of this period spent in the Army)</u><br>Duty Station if overseas: |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i.e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i.e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |
| From _____ To _____ Tot. mo's _____<br>Classification Grade (if in Federal Service) _____ Salary _____<br>Number and Class of Employees Supervised: _____<br>Employer _____<br>Kind of Business or organization (i.e., paper products mfr, public utility) _____   | Exact Title of your position _____<br>Description of Duties: _____<br>Duty Station if overseas: _____   |

## SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U.S. Secret Service          | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U.S. Border Patrol           | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad         | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

## SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

| LANGUAGE | COMPETENCE                     |                                |                          |                     |                   |  | HOW ACQUIRED      |                     |                         |                |  |
|----------|--------------------------------|--------------------------------|--------------------------|---------------------|-------------------|--|-------------------|---------------------|-------------------------|----------------|--|
|          | Equivalent to Native Fluency * | Fluent but obviously Foreign * | Adequate for Research ** | Adequate for Travel | Limited Knowledge |  | Native of Country | Prolonged Residence | Contact (Parents, etc.) | Academic Study |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |
|          |                                |                                |                          |                     |                   |  |                   |                     |                         |                |  |

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

#### SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

| Country or Region | Dates of Residence, Study Etc. | Manner in Which Knowledge Was Acquired (check (X) one) |        |       |
|-------------------|--------------------------------|--|--------|-------|
|                   |                                | Residence  | Travel | Study |
| Tokyo, Japan      | Jan 47 - March 48              | X (Army)   |        |       |
| Korea             | Dec 50 - June 51               | X (Army)   |        |       |
|                   |                                |  |        |       |
|                   |                                |  |        |       |

#### 2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

| Country | Type of Knowledge | How and When Gained |
|---------|-------------------|---------------------|
|         |                   |                     |
|         |                   |                     |
|         |                   |                     |
|         |                   |                     |

#### SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

| Skill     | Per Cent of Time Used | Not Used | WPM (Approximate Proficiency) | Prefer Assignment Using Skill Oftener |
|-----------|-----------------------|----------|-------------------------------|---------------------------------------|
| Typing    | 1. 54%                | 2.       | 35                            | 1. Yes 2. No                          |
| Shorthand | 1.                    | 2. ✓     |                               | 1. Yes 2. No                          |

Shorthand System: 1. Manual 2. Machine 3. Speedwriting.

#### SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

|   |   |
|---|---|
| 1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. | 2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. |
|   |   |
|   |   |

#### SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

|  |
|--|
| List any professional or academic associations or honorary societies in which you hold membership. |
|  |
|  |
|  |

# SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

# SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

| Device | Patented |        |
|--------|----------|--------|
|        | (1) Yes  | (2) No |
|        | (1) Yes  | (2) No |
|        | (1) Yes  | (2) No |

# SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken.

| Type of Test | Date Taken |
|--------------|------------|
|              |            |
|              |            |
|              |            |

# SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

|             |
|-------------|
| <i>None</i> |
|             |
|             |
|             |

# SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

|   |  |   |
|---|--|---|
| (1) 2 year Tour <input checked="" type="checkbox"/> | (2) 4 year Tour <input type="checkbox"/> | (3) Not interested <input type="checkbox"/> |
|---|--|---|

# SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

|  |
|--|
| <i>One in which I may be able to use my accounting experience, such as in finance work or administrative work.</i> |
|  |
|  |
|  |



WEAR

## REPORT OF QUALIFICATIONS

NOTE: THIS REPORT MUST NOT BE DISCUSSED WITH APPLICANT OR EMPLOYEE.

NAME OF EMPLOYEE (OR APPLICANT)

WOODS, James S.

Asst. Clk.

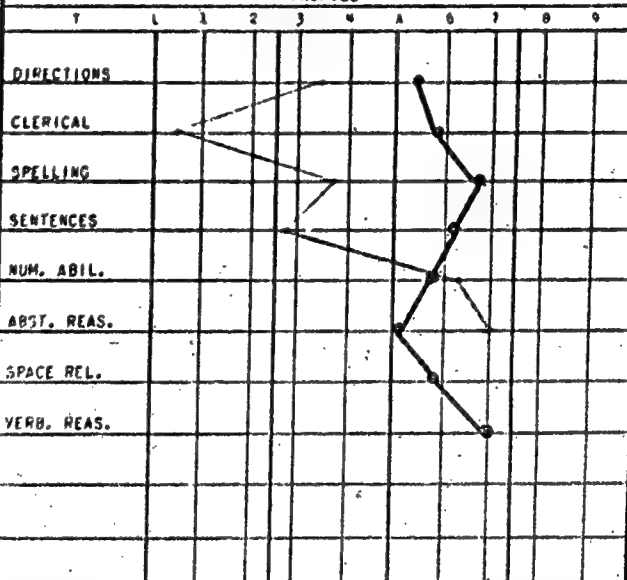
THIS DATE

20 December 1951

## TEST RECORD

NOTE: PRINTED BLACK LINE REPRESENTS MEAN PERCENTILE RANKINGS OF GS-4'S. COLORED LINE REPRESENTS PERCENTILE RANKINGS FOR THIS PARTICULAR SUBJECT.

## PROFILE



## TYPING

GROSS NET ERRORS

28 18 10

## SHORTHAND

1

2

3

TOT. TIME

## EVALUATION OF EDUCATION AND EXPERIENCE

TYPE OF POSITION

OUTSTANDING

SUPERIOR

ADEQUATE

WEAK

INADEQUATE

EDUCATION

☐☐☐☐☐

DIRECT EXPERIENCE

☐☐☐☐☐

INDIRECT EXPERIENCE

☐☐☐☐☐

EDUCATION

☐☐☐☐☐

DIRECT EXPERIENCE

☐☐☐☐☐

INDIRECT EXPERIENCE

☐☐☐☐☐

EDUCATION

☐☐☐☐☐

DIRECT EXPERIENCE

☐☐☐☐☐

INDIRECT EXPERIENCE

☐☐☐☐☐

QUALIFICATIONS TECHNICIAN

SECRET  
(When Filled In)

| REQUEST FOR MEDICAL EVALUATION   |  | 1. DATE OF REQUEST         |
|--|--|----------------------------|
| 2. NAME (Last, First, Middle)<br>Woods, James S.   |  | 25 August 1976             |
| 3. POSITION TITLE<br>Records Admin Officer   | 4. GRADE<br>GS-12  |                            |
| 5. OFFICE, DIVISION, BRANCH<br>DDO/CCS/ARO   |  | 6. EMPLOYEE'S EXT.<br>6352 |
| 7. PURPOSE OF EVALUATION   |  |                            |
| <input type="checkbox"/> PRE-EMPLOYMENT<br><br><input type="checkbox"/> ENTRANCE ON DUTY<br><br><input type="checkbox"/> TDY STANDBY<br><br><input type="checkbox"/> SPECIAL TRAINING<br><br><input checked="" type="checkbox"/> ANNUAL<br><br><input type="checkbox"/> RETURN TO DUTY<br><br><input type="checkbox"/> FITNESS FOR DUTY<br><br><input type="checkbox"/> MEDICAL RETIREMENT | <input type="checkbox"/> HQGS/TDY<br><input type="checkbox"/> OVERSEAS ASSIGNMENT<br><br>ETO<br>STATION<br>TDY OR PCS<br>TYPE OF COVER<br>NO. OF DEPENDENTS TO ACCOMPANY<br>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED<br><br><input type="checkbox"/> RETURN FROM OVERSEAS<br><br>ETA<br>STATION<br>NO. OF DEP.'S |                            |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked)  |  |                            |
| <input type="checkbox"/> YES<br><input type="checkbox"/> NO  |  |                            |
| 9. REQUESTING OFFICER  |  |                            |
| SIGNATURE<br>Donald S. McNeill   |  |                            |
| ROOM NO. & BUILDING<br>11-44 HOS   |  | EXT.<br>6346               |

|                          |   |
|--------------------------|---|
| 10. COMMENTS             |   |
| 11. REPORT OF EVALUATION |   |
| Annual Exam Completed.   |   |
| DATE<br>4 October 1976   | SIGNATURE FOR CHIEF OF MEDICAL STAFF<br>OIS/PEO |

## SECRET

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. NAME (Last, First, Middle)<br><b>WOODS, James S.</b>  |  | 2. DATE OF BIRTH<br><b>20 February 1928</b>   |  | 3. GRADE<br><b>GS-10</b>                          |  |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)<br><b>DDP/EUR</b>   |  | 5. PRESENT POSITION<br><b>Records Admin Officer</b>                                   |  | 6. EMPLOYEE EXTENSION<br><b>e/o7152</b>           |  |
| 7. PROPOSED STATION<br><b>Rome, Italy</b>  |  | 8. PROPOSED POSITION (Title, Number, Grade)<br><b>Records Admin Officer 0699 (09)</b> |  |   |  |
| 9. TYPE OF COVER AT NEW STATION<br><b>SS# 502-16-6806</b>  |  | 10. ESTIMATED DATE OF DEPARTURE<br><b>31 May 1971</b>                                 |  | 11. NO. OF DEPENDENTS TO ACCOMPANY<br><b>-2-</b>  |  |
| 12. COMMENTS<br><br>Please evaluate for proposed assignment.<br><br>No language is required for this position<br><br>Form 58 attached                                    |  |   |  |   |  |
| 13. DATE OF REQUEST<br><b>8 March 1971</b>   |  | 14. OFFICIAL<br><b>Pers</b>   |  | 15. ROOM NUMBER AND BUILDING<br><b>4B0002 Hq.</b> |  |
|  |  |   |  | 16. EXTENSION<br><b>7152</b>                      |  |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION   |  |   |  |   |  |
| 18. OFFICE OF SECURITY DISPOSITION   |  |   |  |   |  |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION<br><br>QUALIFIED FOR OVERSEAS ASSIGNMENT<br><br>APPROVED FOR OVERSEAS ASSIGNMENT<br><br>APPROVED FOR OVERSEAS ASSIGNMENT |  |   |  |   |  |
| REQUEST FOR PCS OVERSEAS EVALUATION  |  |   |  |   |  |



**SECRET**  
(When Filled In)

## QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING, TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

### SECTION I BIOGRAPHIC AND POSITION DATA

|               |                          |               |    |
|---------------|--------------------------|---------------|----|
| EMP. SER. NO. | NAME (Last-First-Middle) | DATE OF BIRTH | SS |
| 010032        | WOODS JAMES SAUVIE       | 20 FEB 28     |    |

### SECTION II EDUCATION

| HIGH SCHOOL               |                                |                          |  |
|---------------------------|--------------------------------|--------------------------|--|
| LAST HIGH SCHOOL ATTENDED | ADDRESS (City, State, Country) | YEARS ATTENDED (From-To) | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

### COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | YEARS ATTENDED FROM--TO-- | DEGREE RECEIVED | YEAR RECEIVED | NO. SEM/QUA. HRS. (Specify) |
|--|---------|-------|---------------------------|-----------------|---------------|-----------------------------|
|  | MAJOR   | MINOR |                           |                 |               |                             |
| 1. UNIVERSITY OF MARYLAND                  |         |       | 1964-1970                 |                 |               | 248 SEM HRS                 |
| 2.   |         |       |                           |                 |               |                             |

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

### TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|----------------------------|-------------------------|------|----|---------------|
|                            |                         |      |    |               |

### OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

| NAME AND ADDRESS OF SCHOOL | STUDY OR SPECIALIZATION | FROM | TO | NO. OF MONTHS |
|----------------------------|-------------------------|------|----|---------------|
| 1.                         |                         |      |    |               |
| 2.                         |                         |      |    |               |

### SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:

2. NAME OF SPOUSE (Last) (First) (Middle) ( Maiden)

3. DATE OF BIRTH

4. PLACE OF BIRTH (City, State, Country)

5. OCCUPATION

6. PRESENT EMPLOYER

7. CITIZENSHIP

8. FORMER CITIZENSHIP(S) COUNTRY(IES)

9. DATE U.S. CITIZENSHIP ACQUIRED

### SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

|  | NAME     | RELATIONSHIP | DATE AND PLACE OF BIRTH | CITIZENSHIP | PERMANENT ADDRESS                 |
|--|----------|--------------|-------------------------|-------------|-----------------------------------|
| 1. <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE | DAUGHTER |              | RETHESDA, MD.           | AMERICAN    | ROCKVILLE, MD<br>432 COLLEGE PKWY |
| 2. <input type="checkbox"/> ADD <input type="checkbox"/> DELETE            |          |              |                         |             |                                   |

FORM 4444 USE PREVIOUS EDITIONS  
10-68

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GROUP 1  
Excluded from automatic  
downgrading and declassification

(4-51)

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(When Filled In)

| SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                 |                       |                                   |        |       |                  |
|--|-------------------------------|-----------------|-----------------------|-----------------------------------|--------|-------|------------------|
| NAME OF REGION OR COUNTRY                              | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL | DATE & PLACE OF STUDY | KNOWLEDGE ACQUIRED BY - CHECK (X) |        |       |                  |
|  |                               |                 |                       | TEST-DRILL                        | TRAVEL | STUDY | OTHER ASSIGNMENT |
| 1.   |                               | MAR 11 1971     |                       |                                   |        |       |                  |
| 2.   |                               | MAR 11 1971     |                       |                                   |        |       |                  |

| SECTION VI TYPING AND STENOGRAPHIC SKILLS  |                    |
|--|--------------------|
| 1. TYPING (PPM)  | 2. SHORTHAND (PPM) |
| 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM   |                    |
| <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY: |                    |

| SECTION VII SPECIAL QUALIFICATIONS  |  |
|---|--|
| PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED. |  |

| SECTION VIII MILITARY SERVICE  |   |
|--|---|
| CURRENT DRAFT STATUS   |   |
| 1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?  | 2. NEW CLASSIFICATION                         |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| 3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS  | 4. IF DEFERRED, GIVE REASON                   |
| MILITARY RESERVE, NATIONAL GUARD STATUS  |   |
| CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG  |   |
| <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD<br><input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD |   |
| 1. CURRENT RANK, GRADE OR RATE   | 2. DATE OF APPOINTMENT IN CURRENT RANK        |
|  |   |
| 3. EXPIRATION DATE OF CURRENT OBLIGATION   |   |
|  |   |
| 4. CHECK CURRENT RESERVE CATEGORY  |   |
| <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED  |   |
| 5. MILITARY MOBILIZATION ASSIGNMENT  | 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED |
|  |   |
| MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)   |   |
| NAME AND ADDRESS OF SCHOOL   | STUDY OR SPECIALIZATION                       |
|  |   |
| DATE COMPLETED   |   |
|  |   |
| RESIDENT   |   |
| AGENCY-SPONSORED   |   |

| SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS |  |                    |
|---|--|--------------------|
| NAME AND CHAPTER  | ADDRESS (Number, Street, City, State, Country) | DATE OF MEMBERSHIP |
|   |  | FROM    TO         |
| 1.  |  |                    |
| 2.  |  |                    |
| 3.  |  |                    |

| SECTION X REMARKS |  |
|-------------------|--|
|                   |  |

|      |                       |
|------|-----------------------|
| DATE | SIGNATURE OF EMPLOYEE |
|      | X James Laurie Woods  |

SECRET

SECRET

(When Filled In)

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## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

|                            |  |                               |   |                                    |
|----------------------------|--|-------------------------------|---|------------------------------------|
| 1. EMP. SER. NO.<br>030032 | 2. NAME (Last First Middle)<br>WOODS JAMES S | 3. SEX<br>M                   | 4. DATE OF BIRTH<br>02/20/28                          | 5. SCHEDULE/GRADE/STEP<br>GS-09-07 |
| 6. SD<br>D                 | 7. POSITION TITLE<br>RECORDS ADMIN CF        | 8. OFFICE OF ASSIGNMENT<br>PE | 9. LOCATION (Country, City)<br>SAIGON, SOUTH VIET NAM |                                    |

## SECTION II

## AGENCY OVERSEAS SERVICE

| AREA               | TYPE TOUR | FROM     | TO       |
|--------------------|-----------|----------|----------|
| IJARAN             | PCS 56    | 34/08/01 | 36/07/01 |
| IJARAN             | TDY 56    | 36/08/01 | 36/11/01 |
| MEXICO             | TDY 56    | 37/02/01 | 37/08/01 |
| PHILIPPINE ISLANDS | PCS 56    | 37/09/01 | 39/03/29 |
| IJARAN             | PCS 43    | 61/04/24 | 66/09/24 |
| VIETNAM            | PCS 6     | 67/01/14 | 68/10/3  |

OVERSEAS DATA

COLEJ

DATE:

16 OCT 1968

INITIALS:

## SECTION III

## EDUCATION

| DEGREE                      | MAJOR FIELD | COLLEGE | YEAR |
|-----------------------------|-------------|---------|------|
| NO COLLEGE DEGREE ON RECORD |             |         |      |

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GROUP 1  
Excluded from automatic  
downgrading and declassification

30 FEB 1970

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| SECTION III  |         |                            |                           |                        |                  |  |
|--|---------|----------------------------|---------------------------|------------------------|------------------|--|
| EDUCATION (Cont'd)   |         |                            |                           |                        |                  |  |
| HIGH SCHOOL  |         |                            |                           |                        |                  |  |
| LAST HIGH SCHOOL ATTENDED  |         | ADDRESS City State Country |                           | YEARS ATTENDED From To |                  | GRADUATE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COLLEGE OR UNIVERSITY STUDY  |         |                            |                           |                        |                  |  |
| NAME AND LOCATION OF COLLEGE OR UNIVERSITY   | SUBJECT |                            | YEARS ATTENDED<br>FROM TO | DEGREE<br>RECEIVED     | YEAR<br>RECEIVED | NO SEM / QTR<br>MRS (Specify)  |
|  | MAJOR   | MINOR                      |                           |                        |                  |  |
| 1. U. OF MD. Tachikawa, Japan  |         | ENG I                      | 1966                      |                        |                  | 3  |
| 2. U. OF MD. Tachikawa, Japan  |         | Bus 10                     | 1966                      |                        |                  | 3  |
| 3. U. OF MD. SAIGON  |         | HIS 127                    | 1967                      |                        |                  | 3  |
| 4. U. OF MD. SAIGON  |         | ECN 31                     | 1967                      |                        |                  | 3  |
| 5. U. OF MD. SAIGON  |         | PSY 1                      | 1967                      |                        |                  | 3  |
| 6. IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT. |         |                            |                           |                        |                  |  |
| <p>65.</p> <p>CHIEF OF DIV</p>   |         |                            |                           |                        |                  |  |
| TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS  |         |                            |                           |                        |                  |  |
| NAME AND ADDRESS OF SCHOOL   |         | STUDY OR SPECIALIZATION    |                           | FROM                   | TO               | NO. OF MONTHS  |
| 1.   |         |                            |                           |                        |                  |  |
| 2.   |         |                            |                           |                        |                  |  |
| 3.   |         |                            |                           |                        |                  |  |
| OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE   |         |                            |                           |                        |                  |  |
| NAME AND ADDRESS OF SCHOOL   |         | STUDY OR SPECIALIZATION    |                           | FROM                   | TO               | NO. OF MONTHS  |
| 1.   |         |                            |                           |                        |                  |  |
| 2.   |         |                            |                           |                        |                  |  |
| 3.   |         |                            |                           |                        |                  |  |
| 4.   |         |                            |                           |                        |                  |  |
| 5.   |         |                            |                           |                        |                  |  |
| AGENCY-SPONSORED EDUCATION   |         |                            |                           |                        |                  |  |
| Specify which, if any, of the education shown in Section III was Agency sponsored  |         |                            |                           |                        |                  |  |
| NAME AND ADDRESS OF SCHOOL   |         | STUDY OR SPECIALIZATION    |                           | FROM                   | TO               | NO. OF MONTHS  |
| 1.   |         |                            |                           |                        |                  |  |
| 2.   |         |                            |                           |                        |                  |  |
| 3.   |         |                            |                           |                        |                  |  |
| 4.   |         |                            |                           |                        |                  |  |
| 5.   |         |                            |                           |                        |                  |  |

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(When Filled In)

| SECTION VIII  |                             | AGENCY EMPLOYMENT HISTORY                |  |
|---|-----------------------------|--|--|
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE-OFFICE OR DIVISION BRANCH |  |
| APR 61 - DEC 68   | Saigon, Vietnam             |  |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |  |  |
|   |                             |  |  |
| 6. DESCRIPTION OF DUTIES  |                             |  |  |
|   |                             |  |  |
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE-OFFICE OR DIVISION BRANCH |  |
| APR 61 - SEPT 66  | Tokyo, JAPAN                | FE                                       |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |  |  |
| CHIEF OF REGISTRY   | GS 9                        |  |  |
| 6. DESCRIPTION OF DUTIES  |                             |  |  |
| SUPERVISED 7 EMPLOYEES IN REGISTRY WORK.  |                             |  |  |
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE-OFFICE OR DIVISION BRANCH |  |
| FEB 59 - MAR 61   | WASH. D.C.                  | FE                                       |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |  |  |
| RECORDS ADMIN OFFICER   | GS-9                        |  |  |
| 6. DESCRIPTION OF DUTIES  |                             |  |  |
| ASSIST THE FE RMO IN THE MANAGEMENT OF FE RECORDS. INCLUDED CLOSE LIAISON WITH RID. ALSO INVOLVED 4 MONTHS OF HALF-DAY WORK WITH DDP/MACHINE RECORD GROUP IN SETTING UP THE APERTURE CARD SYSTEM. |                             |  |  |

SECRET

- 5 -

SECRET

When Filled In

| SECTION VIII  |                             |   | AGENCY EMPLOYMENT HISTORY (Cont'd) |  |
|---|-----------------------------|---|------------------------------------|--|
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH |                                    |  |
| AUG 57 - FEB 59   | MANILA, P.I.                | FE  |                                    |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |   |                                    |  |
| CHIEF OF RECORDS MANAGEMENT TEAM  | GS-7 & GS-9                 |   |                                    |  |
| 6. DESCRIPTION OF DUTIES  |                             |   |                                    |  |
| CHIEF OF A TEAM OF THREE INDIVIDUALS <del>WERE</del> STATIONED PCS MANILA BUT TRAVELLED THROUGHOUT THE F.E. (INCLUDING AUSTRALIA) TO SET UP RECORD SYSTEMS, INCLUDING REGISTRY, ACCORDING TO HEADQUARTERS REGULATION. THIS WAS TO ENSURE THAT FIELD SYSTEMS WOULD BE IN LINE WITH HQS PROCEDURES. |                             |   |                                    |  |
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH |                                    |  |
| FEB 57 - JULY 57  | MEXICO CITY, MEXICO         | WH  |                                    |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |   |                                    |  |
| TEAM MEMBER OF RECORDS MANAGEMENT TEAM  | GS-7                        |   |                                    |  |
| 6. DESCRIPTION OF DUTIES  |                             |   |                                    |  |
| MEMBER OF A TEAM OF 4 <del>WERE</del> SENT TO MEXICO TO ESTABLISH AND STREAMLINE A SYSTEM OF RECORDS. THIS INVOLVED SETTING UP A 201 SYSTEM, BETTER NAME TRACE SYSTEM, CHARGE-OUT SYSTEM FOR FILES AND THE MICROFILMING OF FBI RECORDS. MY MAIN SPECIALTY WAS 201'S.                              |                             |   |                                    |  |
| 1. INCLUSIVE DATES (From-To-by month & year)  | 2. LOCATION (Country, City) | 3. DIRECTORATE OFFICE OR DIVISION, BRANCH |                                    |  |
| AUG 54 - NOV 56   |                             | FE  |                                    |  |
| 4. TITLE OF JOB   | 5. GRADES HELD IN JOB       |   |                                    |  |
| ADMIN ASSISTANT   | GS-5 & GS-7                 |   |                                    |  |
| 6. DESCRIPTION OF DUTIES  |                             |   |                                    |  |
| NAME TRACES AND OTHER REGULAR REGISTRY DUTIES.  |                             |   |                                    |  |

SECRET

- 6 -

When Filled In:

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**SECRET**



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(When Filled In)

AP

| PERIODIC SUPPLEMENT<br>PERSONAL HISTORY SHEET   |  | THIS DATE |
|---|--|-----------|
| Return to<br>OAB<br>1604 Curie<br>GENERAL   |  |           |
| <p>This form provides the means whereby your official personnel file will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through III in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the data furnished is more complete than you have previously reported.</p> |  |           |
| <b>SECTION I</b>  |  |           |
| 1. FULL NAME (Last-First-Middle)  |  |           |
| WOODS, JAMES SHUVIE   |  |           |
| 2. CURRENT ADDRESS (No., Street, City, Zone, State)   |  |           |
| 2224 F. ST. N.W. WASH. D.C. FOREST RIVER, NORTH DAKOTA  |  |           |
| 3. PERMANENT ADDRESS (No., Street, City, Zone, State)   |  |           |
|   |  |           |
| 4. HOME TELEPHONE NUMBER  |  |           |
| 4791  |  |           |
| 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE   |  |           |
| U.S.A.  |  |           |
| <b>SECTION II</b>   |  |           |
| PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |  |           |
| 1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.   |  |           |
| MR. ROSS A WOODS  |  |           |
| 2. RELATIONSHIP   |  |           |
| FATHER  |  |           |
| 3. HOME ADDRESS (No., Street, City, Zone, State, Country)   |  |           |
| FOREST RIVER, NORTH DAKOTA  |  |           |
| 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE   |  |           |
| FOREST RIVER, NORTH DAKOTA  |  |           |
| 5. HOME TELEPHONE NUMBER  |  |           |
| 4791  |  |           |
| 6. BUSINESS TELEPHONE NUMBER  |  |           |
| NA  |  |           |
| 7. BUSINESS TELEPHONE EXTENSION   |  |           |
| NA  |  |           |
| 8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.  |  |           |
| NA  |  |           |
| <b>SECTION III</b>  |  |           |
| MARITAL STATUS  |  |           |
| 1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED   |  |           |
| 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS   |  |           |
|   |  |           |
| WIFE OR HUSBAND: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date, place and reason for all previous marriages. If marriage is contemplated, provide same data for fiance.  |  |           |
| 3. NAME (First) (Middle) ( maiden) (Last)   |  |           |
|   |  |           |
| 4. DATE OF MARRIAGE   |  |           |
| 5. PLACE OF MARRIAGE (City, State, Country)   |  |           |
| 6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)   |  |           |
|   |  |           |
| 7. LIVING   |  |           |
| 8. DATE OF DEATH  |  |           |
| 9. CAUSE OF DEATH   |  |           |
| 10. CURRENT ADDRESS (date and address, if deceased)   |  |           |
|   |  |           |
| 11. DATE OF BIRTH   |  |           |
| 12. PLACE OF BIRTH (City, State, Country)   |  |           |
| 13. IF BORN OUTSIDE U.S. - DATE OF ENTRY  |  |           |
| 14. PLACE OF ENTRY  |  |           |
| 15. CITIZENSHIP (Country)   |  |           |
| 16. DATE ACQUIRED   |  |           |
| 17. WHERE ACQUIRED (City, State, Country)   |  |           |
| 18. OCCUPATION  |  |           |
| 19. PRESENT EMPLOYER (Also give former employer, if so, or if subject is unemployed, list two employers)  |  |           |
| 20. EMPLOYER'S OR OLD MAIL ADDRESS (No., Street, City, State, Country)  |  |           |
|   |  |           |

SECTIONS III CONTINUED TO PAGE 2

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(When Filled In)

## SECTION III CONTINUED FROM PAGE 1

|   |  |
|---|--|
| 21. DATES OF MILITARY SERVICE (From and To) BY MONTH AND YEAR |  |
| 22. BRANCH OF SERVICE   | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED |
| 24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN      |  |

## SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

|  |   |                         |                         |
|--|---|-------------------------|-------------------------|
| 1  | 1. FULL NAME (Last-First-Middle)<br>NA          | 2. RELATIONSHIP         | 3. AGE                  |
|  | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES |                         |                         |
|  | 5. CITIZENSHIP (Country)                        | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 2  | 1. FULL NAME (Last-First-Middle)<br>NA          | 2. RELATIONSHIP         | 3. AGE                  |
|  | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES |                         |                         |
|  | 5. CITIZENSHIP (Country)                        | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 3  | 1. FULL NAME (Last-First-Middle)<br>NA          | 2. RELATIONSHIP         | 3. AGE                  |
|  | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES |                         |                         |
|  | 5. CITIZENSHIP (Country)                        | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 4  | 1. FULL NAME (Last-First-Middle)<br>NA          | 2. RELATIONSHIP         | 3. AGE                  |
|  | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES |                         |                         |
|  | 5. CITIZENSHIP (Country)                        | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES<br><br>NA |   |                         |                         |

## SECTION V FINANCIAL STATUS

|   |  |   |                             |
|---|--|---|-----------------------------|
| 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?                                   |  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME<br><br>NA |  |   |                             |
| 3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS                            |  |   |                             |
| NAME OF INSTITUTION   |  | ADDRESS (City, State, Country)          |                             |
| UNION TRUST CO.   |  | WASHINGTON, D.C.                        |                             |
|   |  |   |                             |
|   |  |   |                             |

SECTION V CONTINUED TO PAGE 3

SECRET

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(When Filled In)

## SECTION V CONTINUED FROM PAGE 2

4. HAVE YOU EVER OATH IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)  
NA

6. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☒ NO

7. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS  
NA

8. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☒ NO IF YOU HAVE ANSWERED "YES", GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

## SECTION VI

## CITIZENSHIP

1. PRESENT CITIZENSHIP (Country)  
U.S.A.

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:  
☒ BIRTH ☐ MARRIAGE ☐ OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☐ YES ☒ NO

4. GIVE PARTICULARS  
NA

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (File papers, etc.)  
NA

## SECTION VII

## EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

|  |   |
|--|---|
| <input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE                            | <input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE                    |
| <input type="checkbox"/> HIGH SCHOOL GRADUATE                                      | <input type="checkbox"/> BACHELOR'S DEGREE  |
| <input checked="" type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | <input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE                  |
| <input type="checkbox"/> TWO YEARS COLLEGE OR LESS                                 | <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE |

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT |       | DATES ATTENDED |    | DEGREE REC'D | DATE REC'D | SEM/OTR. HOURS SPECIFY |
|--|---------|-------|----------------|----|--------------|------------|------------------------|
|  | MAJOR   | MINOR | FROM           | TO |              |            |                        |
| NA   | NA      |       |                |    |              |            |                        |
|  |         |       |                |    |              |            |                        |
|  |         |       |                |    |              |            |                        |
|  |         |       |                |    |              |            |                        |
|  |         |       |                |    |              |            |                        |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME OF SCHOOL                    | STUDY OR SPECIALIZATION | DATES ATTENDED |        | TOTAL MONTHS |
|-----------------------------------|-------------------------|----------------|--------|--------------|
|                                   |                         | FROM           | TO     |              |
| HADLICK'S PRIVATE BUSINESS SCHOOL | ACCOUNTING              | NOV-48         | APR-49 | 9 MONTHS     |
| GRAND FORKS, N.DAK.               |                         | OCT-49         | FEB-50 |              |
|                                   |                         |                |        |              |
|                                   |                         |                |        |              |
|                                   |                         |                |        |              |

4. MILITARY TRAINING (Full time duty in specialized school such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED |    | TOTAL MONTHS |
|----------------|-------------------------|----------------|----|--------------|
|                |                         | FROM           | TO |              |
| NA             |                         |                |    |              |
|                |                         |                |    |              |
|                |                         |                |    |              |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE  
NA

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 , When Filled In

## SECTION VIII

**FOREIGN LANGUAGE ABILITIES**

| LANGUAGE  | COMPETENCE - IN ORDER LISTED          |  |                             |                           |                      | HOW ACQUIRED            |                        |                                      |                                      |
|---|---------------------------------------|--|-----------------------------|---------------------------|----------------------|-------------------------|------------------------|--------------------------------------|--------------------------------------|
|   | EQUIVALENT<br>TO<br>NATIVE<br>FLUENCY | FLUENT<br>BUT<br>CONTINUOUSLY<br>FORGOTTEN | ADEQUATE<br>FOR<br>RESEARCH | ADEQUATE<br>FOR<br>TRAVEL | LIMITED<br>KNOWLEDGE | NATIVE<br>TO<br>COUNTRY | PROLONGED<br>RESIDENCE | CONTACT<br>(WITH<br>PARENTS<br>ETC.) | ACADEMIC<br>STUDY<br>(ALL<br>LEVELS) |
| (List below each language in which you possess any degree of competence. Indicate your proficiency to read, write or speak by placing a check (X) in the appropriate boxes) | R = READ   W = WRITE   S = SPEAK      |  |                             |                           |                      |                         |                        |                                      |                                      |
|   | R                                     | W  | S                           | R                         | W                    | S                       | R                      | W                                    | S                                    |
|   | <b>CANCELLED</b>                      |  |                             |                           |                      |                         |                        |                                      |                                      |

2. IF YOU HAVE CHECKED "ACADEMIC OR OTHER" FOR "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY

3. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY ON THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY OR ANY OTHER SPECIALIZED FIELD.

## SECTION IX

### GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, TELEGRAPHS, INDUSTRIES, POLITICAL PARTIES, ETC.

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY |        |       |                 |
|---------------------------|-------------------------------|----------------------------------|-----------------------|--------|-------|-----------------|
|                           |                               |                                  | RESIDENCE             | TRAVEL | STUDY | WORK ASSIGNMENT |
| N/A                       |                               |                                  |                       |        |       |                 |
|                           |                               |                                  |                       |        |       |                 |
|                           |                               |                                  |                       |        |       |                 |

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

NA

## SECTION X

## TYPING AND STENOGRAPHIC SKILLS

|  |                       |   |              |            |                  |
|--|-----------------------|---|--------------|------------|------------------|
| 1. TYPING (W.P.N.)   | 2. SHORTHAND (W.P.N.) | 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM |              |            |                  |
| 30   | NA                    | GREGG   | SPEEDWRITING | STENOGRAPH | OTHER (Specify): |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Waddington, Card Punch, etc.) |                       |   |              |            |                  |
| 411  |                       |   |              |            |                  |

## SECTION XI

### SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

N.A.

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

NA

3. EXCLUDING EQUIPMENT NOTED IN SECTION 2, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTRACE RACING, MULTILITH, TURBET LATHIE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

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4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radar Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

NA

8. FIRST LICENSE OR CERTIFICATE (Type of issue)

NA

6. LATEST LICENSE OR CERTIFICATE (Year of issue)

No.

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(When Filled In)

SECTION XI CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest, subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

NA

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XII ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

|  |                            |   |
|--|----------------------------|---|
| 1. INCLUSIVE DATES (From and To)   | 2. GRADE                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| APR 1952 - JUNE 1954   | 4                          | RI                                      |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION  | 5. OFFICIAL POSITION TITLE |   |
| NONE   | FILE CLERK                 |   |
| 6. DESCRIPTION OF DUTIES   |                            |   |
| WORKED IN FILES DOING FILING AND OTHER RELATED DUTIES.<br>WORKED IN CONSOLIDATION WITH 201's |                            |   |
| 1. INCLUSIVE DATES (From and To)   | 2. GRADE                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| JULY 54 - JUNE 56  | 5                          | FE/6 OVERSEAS                           |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION  | 5. OFFICIAL POSITION TITLE |   |
| NONE   | ADMIN INTELL ANALYST       |   |
| 6. DESCRIPTION OF DUTIES   |                            |   |
| HEAD OF PERSONALITY FILE (201 FILES) SECTION FOR BASE, WHICH INCLUDED ALL AGENT FILES.       |                            |   |
| 1. INCLUSIVE DATES (From and To)   | 2. GRADE                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| AUG 56 - NOV 56  | 7                          | RI ADMIN TDY OVERSEAS FOR FE/6          |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION  | 5. OFFICIAL POSITION TITLE |   |
| 5  | INTELL ANALYST             |   |
| 6. DESCRIPTION OF DUTIES   |                            |   |
| RETIREMENT OF RECORDS TO Hqs FROM BASE.<br>SET UP <sup>NEW</sup> SYSTEM OF RECORDS FOR BASE  |                            |   |
| 1. INCLUSIVE DATES (From and To)   | 2. GRADE                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| DEC 56 - JAN 57  | 7                          | RI                                      |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION  | 5. OFFICIAL POSITION TITLE |   |
| NONE   | INTELL ANALYST             |   |
| 6. DESCRIPTION OF DUTIES   |                            |   |
| WORKED IN RI/AN 201 SECTION IN FILLING OUT 831's   |                            |   |
| 1. INCLUSIVE DATES (From and To)   | 2. GRADE                   | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
| FEB 57 - AUG 57  | 7                          | RI TDY - MEXICO                         |
| 4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION  | 5. OFFICIAL POSITION TITLE |   |
| NONE   | INTELL ANALYST             |   |
| 6. DESCRIPTION OF DUTIES   |                            |   |
| SET UP SYSTEM OF RECORDS FOR STATION   |                            |   |

(Use additional pages if required)

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(When Filled In)

## SECTION XIII

## CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

2. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE WHO ARE NOT SELF-SUPPORTING.

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

| NAME | RELATIONSHIP | YEAR OF BIRTH | SEX |   | CITIZENSHIP | ADDRESS |
|------|--------------|---------------|-----|---|-------------|---------|
|      |              |               | M   | F |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |
|      |              |               |     |   |             |         |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

Can't recall addresses but lived in the following places since Apr 1952 -

Corn. Ave. N.W. D.C.

Minnesota Ave. S.E. D.C.

Colonial Terrace, ~~VA~~ Arlington, VA.

Greenbrier St, Arlington, VA.

DATE COMPLETED

10 Sept 57

SIGNATURE OF EMPLOYEE

James S. Hoards

SECRET

**SECRET**  
(When Filled In)

|   |                 |   |     |      |
|---|-----------------|---|-----|------|
| (1-6)   |                 | <b>LANGUAGE DATA RECORD</b>   |     |      |
| 110032  |                 |   |     |      |
| <b>PART I-GENERAL</b>   |                 |   |     |      |
| 1. NAME (Last-First-Middle)   |                 | 2. DATE OF BIRTH  |     |      |
| (17-24)   |                 | (25-30)   |     |      |
| Woods, James S  |                 | MONTH   | DAY | YEAR |
|   |                 | Feb   | 20  | 1928 |
| 3. LANGUAGE   | 4. TODAY'S DATE | 5.  |     |      |
| (11-23)   | (24-29)         |   |     |      |
| ood   | MONTH DAY YEAR  |   |     |      |
|   | 9 9 57          | <input checked="" type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE |     |      |
| <b>PART II-LANGUAGE ELEMENTS</b>  |                 |   |     |      |
| <b>SECTION A. Reading (40)</b>  |                 |   |     |      |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.   |                 |   |     |      |
| 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.   |                 |   |     |      |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.   |                 |   |     |      |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.   |                 |   |     |      |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE.   |                 |   |     |      |
| <b>SECTION B. Writing (41)</b>  |                 |   |     |      |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.                                |                 |   |     |      |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. |                 |   |     |      |
| 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.  |                 |   |     |      |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.   |                 |   |     |      |
| 5. I CANNOT WRITE IN THE LANGUAGE.  |                 |   |     |      |
| <b>SECTION C. Pronunciation (42)</b>  |                 |   |     |      |
| 1. MY PRONUNCIATION IS NATIVE.  |                 |   |     |      |
| 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.   |                 |   |     |      |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN; BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.  |                 |   |     |      |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.  |                 |   |     |      |
| 5. I HAVE NO SKILL IN PRONUNCIATION.  |                 |   |     |      |
| CONTINUE ON REVERSE SIDE  |                 |   |     |      |

## CONTINUATION OF PART II-LANGUAGE ELEMENTS

## SECTION D.

## Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

## SECTION E.

## Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

## PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

## PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-112, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT INDEPENDENT OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

9 Sept 57

SIGNATURE

James S. Stoddard

(46)

(47)



## APPLICATION FOR FEDERAL EMPLOYMENT

**INSTRUCTIONS:** In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an OPEN WRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

| APPLICATION NO.   |  | ANNOUNCEMENT  |  |
|---|--|---|--|
| 1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR<br><b>Accountant</b>   |  | DO NOT WRITE IN THIS BLOCK<br>For Use of Civil Service Commission Only  |  |
| 2. OPTION: (if mentioned in examination announcement)   |  | <input type="checkbox"/> AFFOR. <input type="checkbox"/> MATERIAL <input type="checkbox"/> ENTERED REGISTER.<br><input type="checkbox"/> WITH AFFOR. <input type="checkbox"/> SUBMITTED <input type="checkbox"/> RETURNED               |  |
| 3. PLACE OF EXAMINATION, APPLICANT (City and State)   |  | INITIATIONS: APP. REVIEW:   |  |
| <b>Washington D.C.</b>  |  |   |  |
| 4. NAME (First name) (Middle, if any) (Last)  |  | APPROVED:   |  |
| <b>James Sauvie Woods</b>   |  |   |  |
| 5. (a) STREET AND NUMBER OR R. D. NUMBER  |  | OPTION GRADE EARNED RATING PREFER. ENCE AUGM. RATING  |  |
| <b>2817 Conn. Ave., N.W.</b>  |  |   |  |
| (b) CITY OR POST OFFICE (including postal zone) AND STATE   |  |   |  |
| <b>Washington 8, D.C.</b>   |  |   |  |
| 6. LEGAL OR VOTING RESIDENCE (State)  |  |   |  |
| <b>N. Dak.</b>  |  |   |  |
| 7. (a) OFFICE PHONE (b) HOME PHONE  |  |   |  |
| <b>ex 6400 at 2612 AD 8430</b>  |  |   |  |
| 8. DATE OF BIRTH (month, day, year)   |  |   |  |
| <b>Feb. 20, 1928</b>  |  |   |  |
| 9. PLACE OF BIRTH (city and State; if born outside U. S., name city and country)  |  |   |  |
| <b>Forest River, N. Dak.</b>  |  |   |  |
| 10. (a) SEX (b) HEIGHT WITHOUT SHOES (c) WEIGHT   |  |   |  |
| <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <b>5 FEET 6 INCHES 156 POUNDS</b>  |  |   |  |
| 11. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? (b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE  |  | INITIALS AND DATE   |  |
| <b>CS-2</b>   |  |   |  |
| 12. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? (b) PER YEAR You will not be considered for any position with a lower entrance salary. (c) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR (d) IF YOU ARE WILLING TO TRAVEL, SPECIFY  |  | (e) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: (f) IN WASHINGTON, D. C. (g) ANYWHERE IN THE UNITED STATES (h) OUTSIDE THE UNITED STATES (i) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS. |  |
| <b>\$ 2950</b>  |  |   |  |
| <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input checked="" type="checkbox"/> 6 TO 12 MONTHS  |  |   |  |
| <input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY  |  |   |  |
| 13. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in item 3 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position." |  |   |  |
| 14. PRESENT POSITION  |  |   |  |
| DATE OF EMPLOYMENT (month, year)  |  | EXACT TITLE OF YOUR PRESENT POSITION  |  |
| <b>May, 1950</b>  |  | <b>clerk</b>  |  |
| TO PRESENT TIME   |  | CLASSIFICATION GRADE (if in Federal Service)  |  |
| <b>Washington D.C.</b>  |  | <b>GS-2</b>   |  |
| NAME AND TITLE OF IMMEDIATE SUPERVISOR  |  | SALARY OR EARNINGS STARTING, \$ PER YEAR PRESENT, \$ PER YEAR   |  |
| <b>Mrs. Gervias</b>   |  | <b>\$ 2450 \$ 2630</b>  |  |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)  |  | REASON FOR DESIRING TO CHANGE EMPLOYMENT  |  |
| <b>Treasury Dept., Penn. Ave.</b>   |  | <b>Division of Disbursements</b>  |  |
| NUMBER AND KIND OF EMPLOYERS SUPERVISED BY YOU  |  | <b>Better Position</b>  |  |
| SUMMARY OF YOUR WORK  |  |   |  |
| <b>Working with vouchers and checks; checking them for names, dates, money, etc. Doing other clerical duties of a general nature.</b>   |  |   |  |

(CONTINUED ON NEXT PAGE)

16-53546-1

| 18 CONTINUED  |  | EXACT TITLE OF YOUR POSITION  |  | CLASSIFICATION GRADE<br>(if in Federal service) | SALARY OR EARNINGS<br>STARTING \$ PER MONTH<br>FINAL \$ |  |
|---|--|---|--|---|---|--|
| ② DATES OF EMPLOYMENT (month, year)<br>FROM Feb. 1950 to May, 1950  |  | Clerk & Salesman  |  |   | 180   |  |
| PLACE OF EMPLOYMENT (city and State)<br>Grand Forks, N. Dak.  |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR<br>Mr. or Mrs. Pat M. Byrne  |  |   |   |  |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)<br>General Tobacco & Candy Company<br>Grand Forks, N. Dak. |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)<br>Wholesaler of Tobacco & Candy |  |   |   |  |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU<br>None  |  | REASON FOR LEAVING<br>To work for the Government  |  |   |   |  |
| DESCRIPTION OF YOUR WORK<br>Selling tobacco and candy. Doing office work such as taking inventories and making out sales tickets.   |  |   |  |   |   |  |
| ③ DATES OF EMPLOYMENT (month, year)<br>FROM Oct. 1949 to Feb. 1950  |  | In school   |  |   |   |  |
| PLACE OF EMPLOYMENT (city and State)  |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR  |  |   |   |  |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)  |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)                                  |  |   |   |  |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU  |  | REASON FOR LEAVING  |  |   |   |  |
| DESCRIPTION OF YOUR WORK  |  |   |  |   |   |  |
| ④ DATES OF EMPLOYMENT (month, year)<br>FROM April, 1949 to Oct., 1949   |  | Farm Laborer  |  |   | 150   |  |
| PLACE OF EMPLOYMENT (city and State)<br>Inkster, N. Dak.  |  | NAME AND TITLE OF IMMEDIATE SUPERVISOR  |  |   |   |  |
| NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)<br>Zeck Thomas Inkster, N. Dak.                            |  | KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale silk, insurance agency, manufacture of locks, etc.)<br>Farming                       |  |   |   |  |
| NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU<br>none  |  | REASON FOR LEAVING<br>To go to school   |  |   |   |  |
| DESCRIPTION OF YOUR WORK<br>Doing general farm duties.  |  |   |  |   |   |  |



| 14. REFERENCES. List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under item 16 (EXPERIENCE). |  |                        |
|---|--|------------------------|
| FULL NAME   | (Give complete current address, including street and number) | BUSINESS OR OCCUPATION |
| Robert Hadlich  | Box 659, Grand Forks, N. Dak.                                | Teacher                |
| Calmer Hovland  | 521 Maple Ave. Grand Forks N. Dak.                           | Teacher                |
| Merland W Berg  | 618 Cottonwood St., Grand Forks N. Dak.                      | Teacher                |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN  | YES | NO | INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN   | YES  | NO |
|--|-----|----|---|--|----|
| 21. MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER QUALIFICATIONS ETC?  | X   |    | 35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?   |  | X  |
| 26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?  | X   |    | 36. DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS?  |  | X  |
| 27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?  | X   |    | <b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b><br>A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veterans Preference Claim, CSC Form 14, together with proof specified therein.<br>B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war. |  |    |
| 28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?  | X   |    | 37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?  | X  |    |
| 29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DEPRIVE OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? | X   |    | (B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?  | X  |    |
| If your answer to question 27, 28, or 29 above is "yes," state in item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.   |     |    | (C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS, WITH FULL MILITARY PAY AND ALLOWANCES?  | X  |    |
| 30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO FORFEIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (INCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?  | X   |    | (D) DATE OF ENTRY OR ENTRIES INTO SERVICE   | DATE OF SEPARATION OR SEPARATIONS<br>Oct. 1946<br>Oct. 1950<br>Army<br>Marine Corps, Coast Guard, etc. |    |
| If your answer is "Yes," list all such cases under item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.  |     |    | (E) ARE YOU A VETERAN'S WIDOW (WIFE) HAS NOT REMARRIED?   | X  |    |
| 31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?   | X   |    | (F) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED PRECEDENT SCHEDULED ALIEN'S HOME RESIDENCE SEPARATION AGREEMENT?  | X  |    |
| 32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING A POSITION OR ACCEPTING OTHER EMPLOYMENT?   | X   |    | <b>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY</b><br>The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____ 19_____.<br>Date: _____ Time: _____   |  |    |
| 33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO DUTY?   | X   |    | If so, and you have not listed your disability in answer to item 37, explain in item 39 below.  |  |    |
| 34. (A) DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?  | X   |    | If your answer is "Yes," give complete details in item 39.  |  |    |
| If your answer is "Yes," give complete details in item 39.   |     |    |   |  |    |

15. STATE FOR DETAIL AND ANALYSIS TO OTHERS (A) (Indicate item numbers to which answers apply)

16. (A) YOU RECEIVED AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

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## PERSONAL HISTORY STATEMENT

1008

Answer all questions completely. If question is not verifiable with you, write unknown - only if you do not know the answer and cannot obtain the answer from anyone. (Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient space.)

Type name in words completely. English or Hawaiian names with and without family names.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS ON THE

## PERSONAL BACKGROUND

NAME (Last, First, Middle) \_\_\_\_\_

DATE OF BIRTH (Month, Day, Year) \_\_\_\_\_

PLACE OF BIRTH (City, State, Country) \_\_\_\_\_

EDUCATION (School, Degree, Year) \_\_\_\_\_

EMPLOYMENT (Company, Position, Year) \_\_\_\_\_

RESIDENCE (Address, City, State, Country) \_\_\_\_\_

RELIGION (Religion, Denomination) \_\_\_\_\_

POLITICAL AFFILIATION (Party, Organization) \_\_\_\_\_

OTHER INFORMATION (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Year) \_\_\_\_\_

PLACE (Place, Location) \_\_\_\_\_

OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

DATE (Date, Year) \_\_\_\_\_

PLACE (Place, Location) \_\_\_\_\_

OTHER (Other, Details) \_\_\_\_\_

REMARKS (Remarks, Notes) \_\_\_\_\_

SIGNATURE (Signature, Name) \_\_\_\_\_

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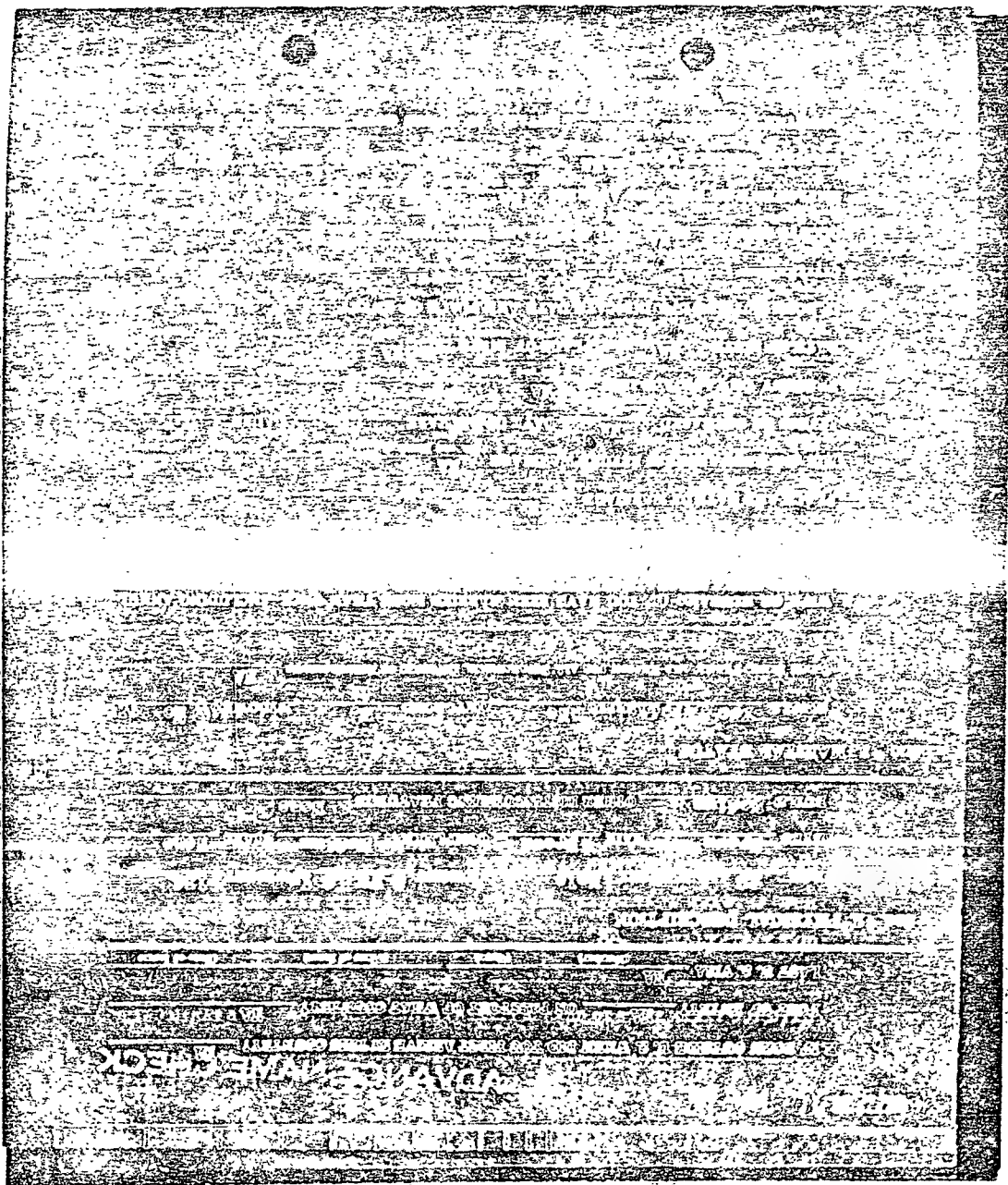
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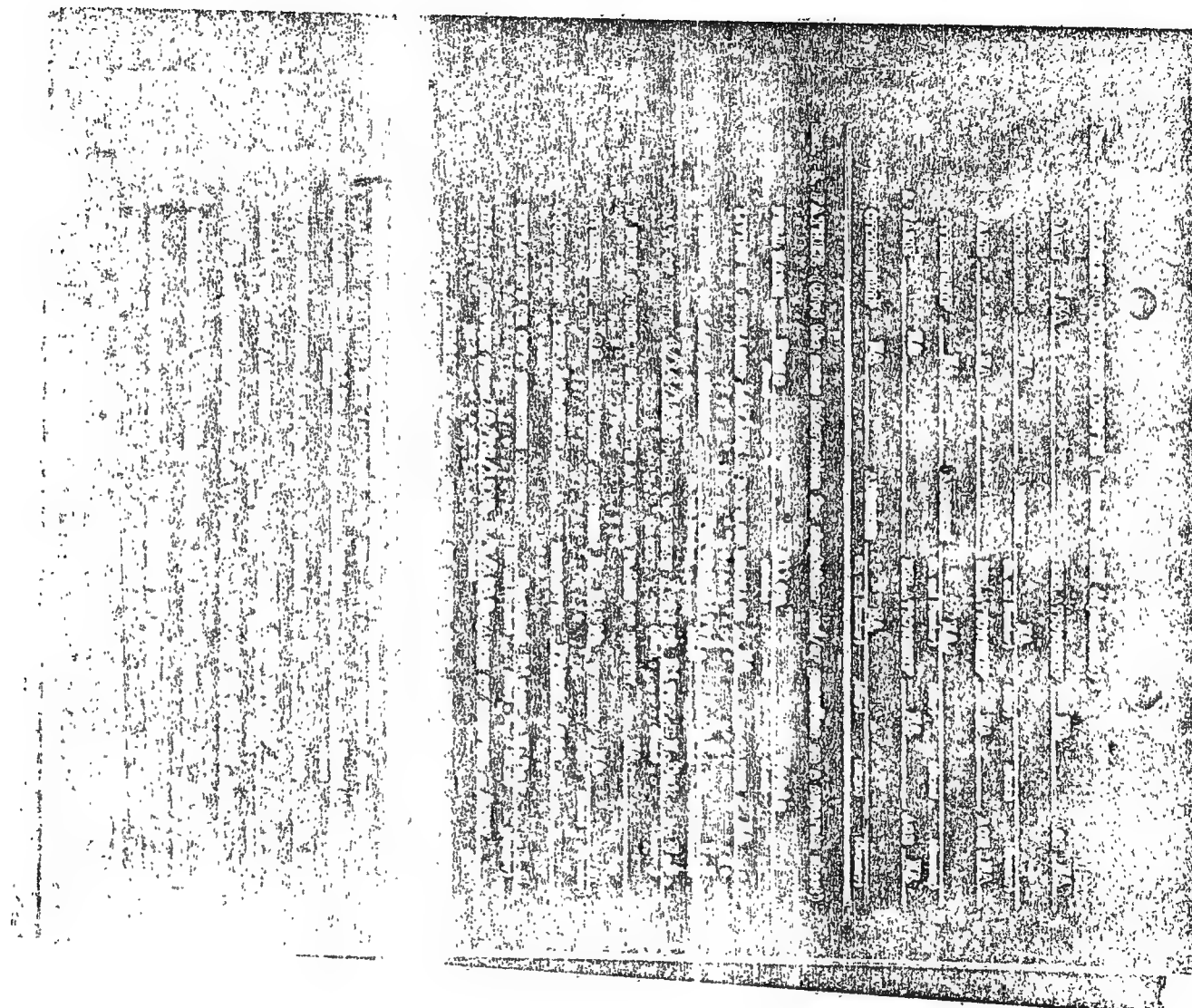
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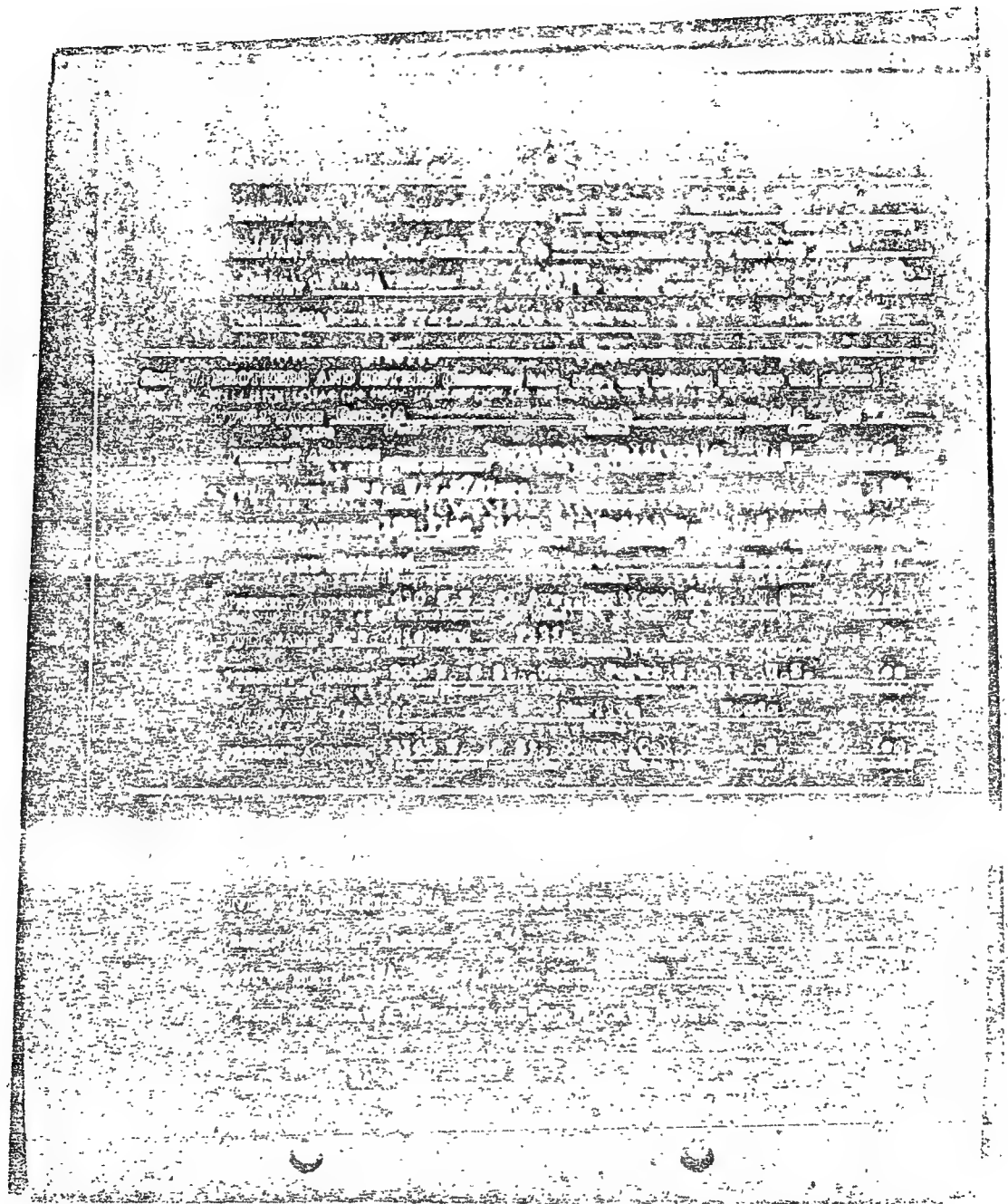
OTHER (Other, Details) \_\_\_\_\_

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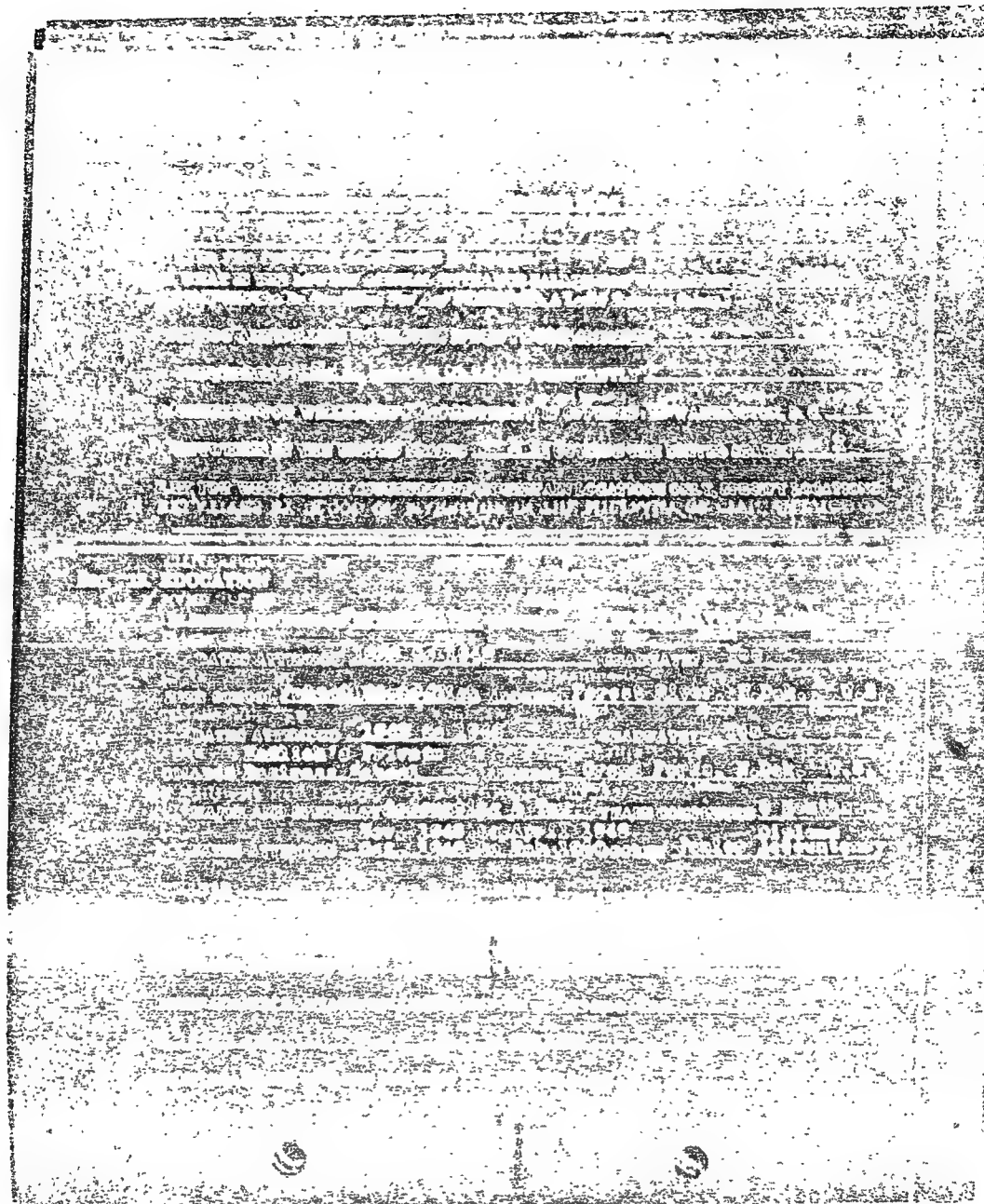




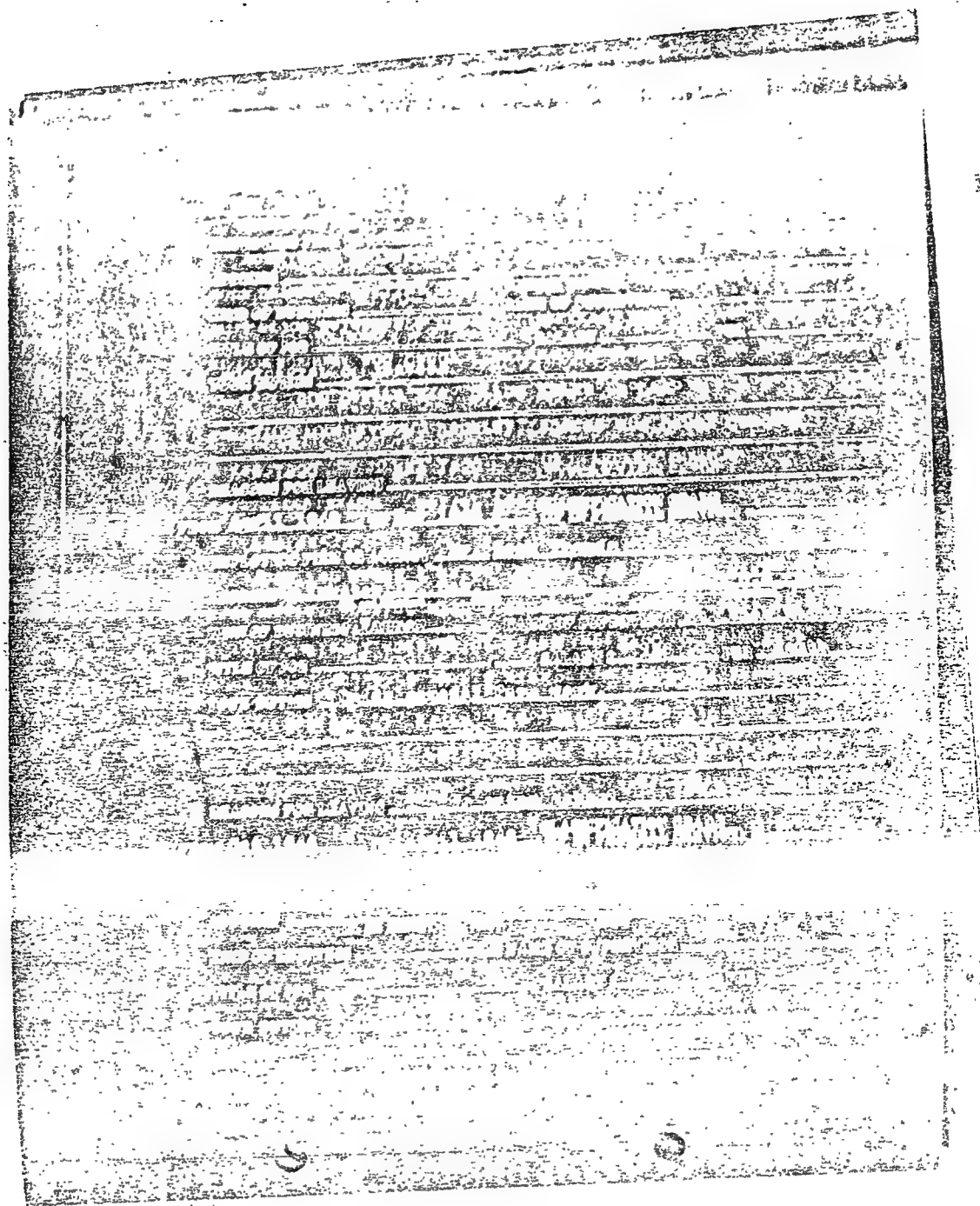




1. NAME OF DECEASED \_\_\_\_\_  
2. DATE OF DEATH \_\_\_\_\_  
3. PLACE OF DEATH \_\_\_\_\_  
4. CAUSE OF DEATH \_\_\_\_\_  
5. NAME OF SURVIVOR \_\_\_\_\_  
6. ADDRESS OF SURVIVOR \_\_\_\_\_  
7. NAME OF WITNESS \_\_\_\_\_  
8. ADDRESS OF WITNESS \_\_\_\_\_  
9. NAME OF NOTARY \_\_\_\_\_  
10. ADDRESS OF NOTARY \_\_\_\_\_  
11. NAME OF RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES \_\_\_\_\_  
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[illegible]



**SECRET**

### 1. GENERAL QUALIFICATIONS

ALPHABETIC LISTINGS: NAME, PHONE, ADDRESS, CITY, STATE, ZIP

1. **NAME** \_\_\_\_\_  
 2. **ADDRESS** \_\_\_\_\_  
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*[Faint, illegible handwritten notes]*

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Figure 1. Aerial photograph of the study area. The area is divided into three main sections: the northern section (top), the central section (middle), and the southern section (bottom). The northern section is characterized by a dense network of roads and buildings, indicating a developed urban area. The central section is a large, open field, likely used for agriculture or as a natural area. The southern section is a smaller, more irregularly shaped area, possibly a wetland or a natural reserve. The overall landscape is a mix of urban development and natural areas.

1. The first step is to identify the problem. This involves understanding the current situation and the desired outcome.

\_\_\_\_\_

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... ..

$\frac{d}{dt} \left( \frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

*Journal of Management Studies*, 19(6), 701-718.

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 35 million, and the number of people 75 years of age or older is projected to increase from 10 million to 17 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

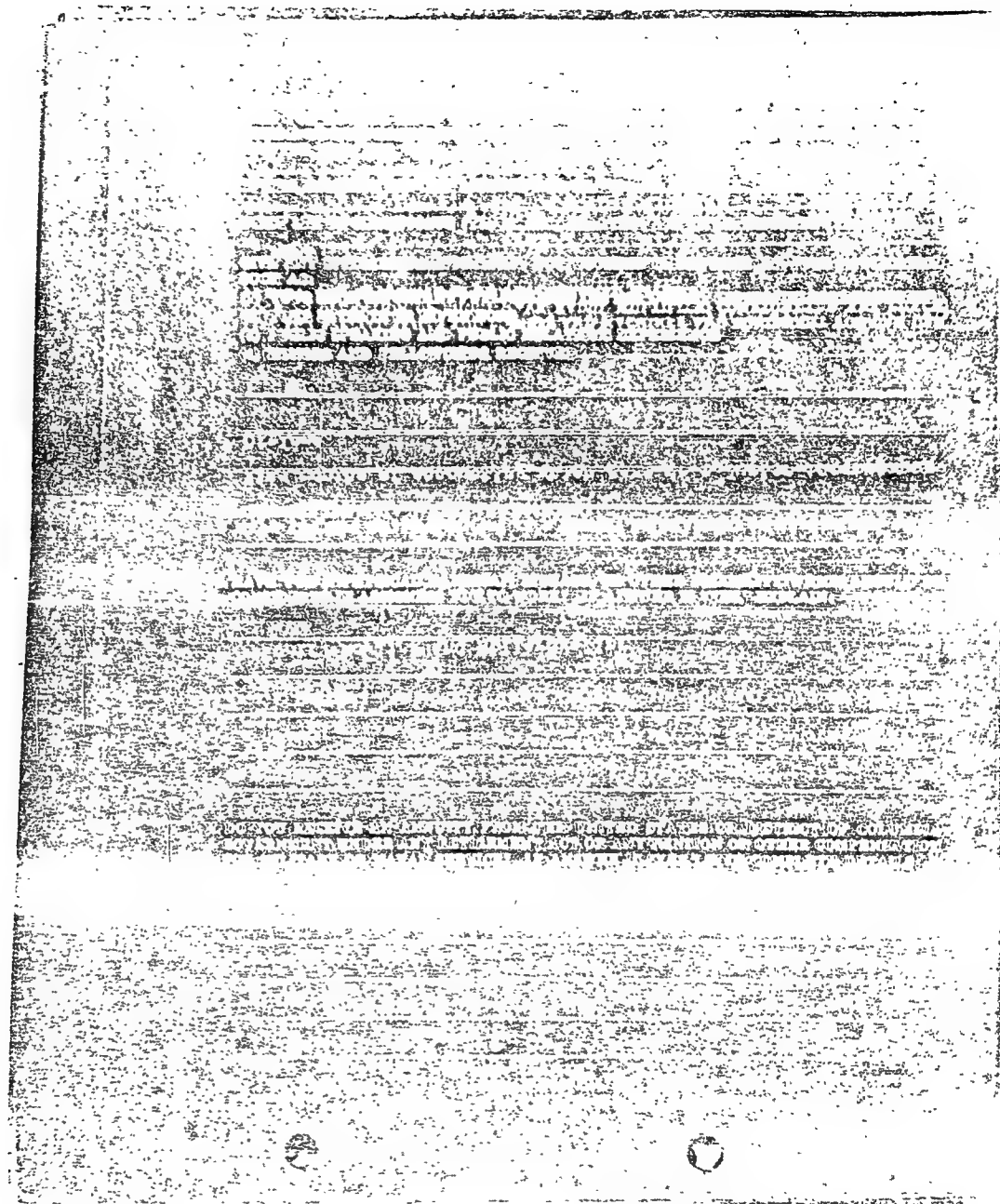
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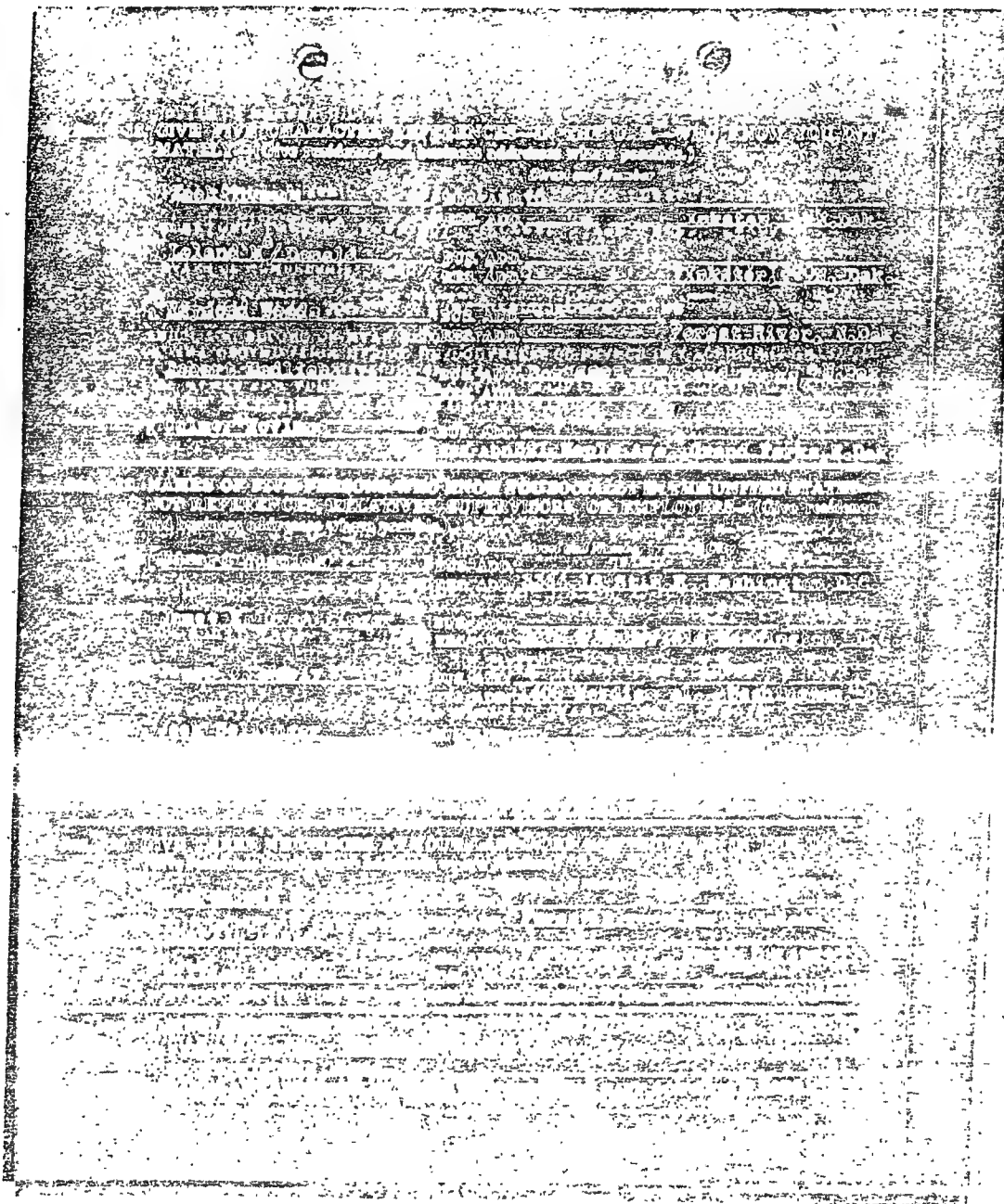
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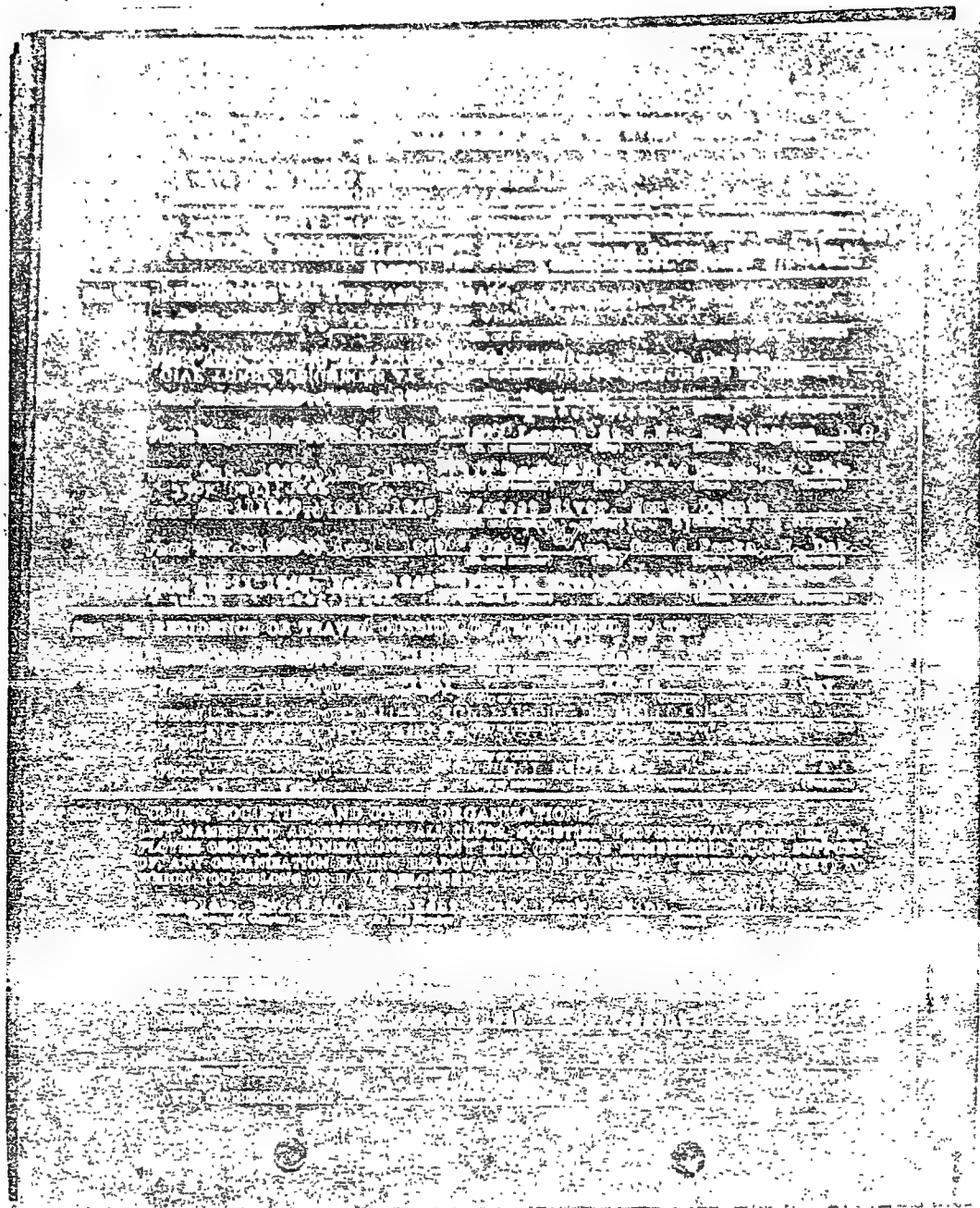
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1. YOU ARE ADVISED THAT THE COMMISSION OF ALL SPANISH WAR  
HERN WAS REINVESTIGATED

2. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:  
A. THE SPANISH WAR HERN WAS REINVESTIGATED  
B. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:  
C. THE SPANISH WAR HERN WAS REINVESTIGATED  
D. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:  
E. THE SPANISH WAR HERN WAS REINVESTIGATED  
F. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:  
G. THE SPANISH WAR HERN WAS REINVESTIGATED  
H. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:  
I. THE SPANISH WAR HERN WAS REINVESTIGATED  
J. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS:

2. attended a public school, Baltimore from the first grade to the fifth at which time he entered the Annapolis school. The address of this school is Annapolis, Md. Pa. and was later transferred to the River school in 1893.

From June 1945 to October 1946, I worked on Beck's  
Thomas farm located at Inkster, E. Dakota.

SECRET

UNITED STATES

ALABAMA ARIZONA ARKANSAS CALIFORNIA COLORADO CONNECTICUT DELAWARE DISTRICT OF COLUMBIA FLORIDA GEORGIA ILLINOIS INDIANA IOWA KANSAS KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA MISSISSIPPI MISSOURI MONTANA NEBRASKA NEVADA NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH VERMONT VIRGINIA WASHINGTON WISCONSIN WYOMING

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# Aaker's School of Business

Grand Forks, North Dakota

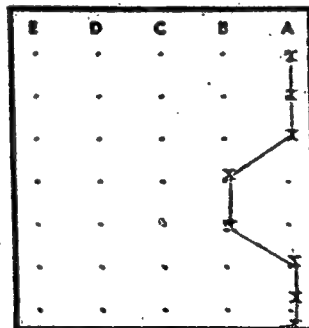
## REPORT OF PROGRESS

NAME WOODS, James S. ADDRESS Forest River, N. Dak. COURSE OF STUDY Accountancy DATE December 14, 1951

### SCHOLASTIC ACHIEVEMENT

#### SUBJECTS COMPLETED:

Elementary Accounting  
Advanced Accounting  
Income Tax  
Cost Accounting (Elem.)  
Typewriting  
Spelling  
Business Mathematics  
Business Law  
Penmanship  
Salesmanship  
Business English  
Office Machines



#### KEY

A Superior  
 B Above Average  
 C Average  
 D Fair  
 E Slow

#### COMPLETED SUBJECTS

### PERSONAL CHARACTERISTICS

#### INITIATIVE

#### QUALITY OF WORK

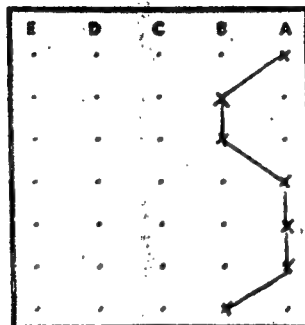
#### QUANTITY OF WORK

#### ENTHUSIASM

#### PUNCTUALITY

#### COOPERATION

#### ADAPTABILITY



| E                 | D                         | C                           | B            | A                |
|-------------------|---------------------------|-----------------------------|--------------|------------------|
| Needs Supervision | Routine Worker            | Fairly Progressive          | Resourceful  | Marked Ability   |
| Careless          | Inaccurate                | Possible                    | Good Quality | Highest Quality  |
| Very Low Output   | Low Output                | Average Output              | High Output  | Very High Output |
| Indifferent       | Occasionally Enthusiastic | Average                     | Determined   | Confident        |
| Undependable      | Improvement Needed        | Occasionally Absent or Late | Seldom Late  | Always Punctual  |
| Reluctant         | Passive                   | Usually Agreeable           | Co-operative | Co-operative     |
| Limited           | Slow                      | Average                     | With Ease    | Exceptional      |

Manager

*James S. Woods*

Please keep this report for future comparison

CONFIDENTIAL  
SECURITY APPROVAL

Date: 26 March 1952

TO: Chief, Personnel Division  
FROM: Chief, Security Division  
SUBJECT: WOODS, James Earle

Your Reference: N-3007A

Case Number: 61115

1. This is to advise you of security action in the subject case as indicated below:
  - ☒ Security approval is granted the subject person for access to classified information.
  - ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of the ECD procedures.

C. V. Bradley  
C. W. HICKSLEY

*not. H. Clements  
1/2: will call back:  
Don Spink called 1/2:  
ok*

CONFIDENTIAL

*but to & Kelly me*

CONFIDENTIAL  
SECURITY INFORMATION  
INTEROFFICE MEMORANDUM

Date: 29 Feb. 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT: WOODS, James Savile 61415 Request No. H-2007-A

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position: File Clerk, GS-2, OSO, RI, Proc. & Rec., Washington, D. C.
2. This is to advise you of the following security action:

a. ☐ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☒ Name checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Advise per S. Linder  
5 min.*

*C. V. [Signature]*  
C. V. [Signature]

CONFIDENTIAL

CONFIDENTIAL  
SECURITY  
INTEROFFICE MEMORANDUM

Date: 25 January 1952

TO: Chief, Personnel Division

FROM: Chief, Security Division

SUBJECT: WOODS, James Savile #61415 Request No. H-3007

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool.

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

FILE SENT  
TO 2 B1  
RECEIVED 13 JAN 26 1952  
C. V. BRADLEY

CONFIDENTIAL

OAF OF TERMINATED FILE BEING MICROFILMED